CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT COVER SHEET PG 1 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE/ OFFICE USE ONLY **OFFICEHOLDER** MRS. ElizaBETH NAME Date Received SUFFIX SIE CIEIN EID 4 CANDIDATE / ADDRESS / PO BOX: JAN 18 2022 **OFFICEHOLDER** 304 CEDAR CIRCLE MARSHALL TX 75672 MAILING HARRISON COUNTY ELECTIONS OFFICE **ADDRESS** Change of Address AREA CODE PHONE NUMBER 5 CANDIDATE/ EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (903)935-8403 1035 PHONE Receipt # Amount \$ MS / MRS / MR 6 CAMPAIGN **TREASURER** LIBBY MRS. Date Processed NAME NICKNAME SUFFIX Date Imaged WYATT STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: 7 CAMPAIGN STATE: ZIP CODE **TREASURER** 3492 COOKS RD MARSHALL **ADDRESS** TX 75670 (Residence or Business) PHONE NUMBER AREA CODE 8 CAMPAIGN EXTENSION **TREASURER** PHONE (903) 930-6832 9 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month COVERED 24/21 31/21 THROUGH ELECTION DATE ELECTION TYPE 11 ELECTION Primary Runoff Other Description General Special OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE COUNTY CLERK 14 NOTICE FROM 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, **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS GO TO PAGE 2

| 15 C/OH NAME | , T. | | 16 Filer ID (Ethics Commission Filers) | |
|--|--|--|---|--|
| F | JUZABETH L JAM | IES | | |
| 17 CONTRIBUTION TOTALS | | CAL CONTRIBUTIONS (OTHER THA RANTEES OF LOANS, OR | \$ 350.00 | |
| | 2. TOTAL POLITICAL CONTR (OTHER THAN PLEDGES, LC | RIBUTIONS DANS, OR GUARANTEES OF LOANS | \$ 7450.00 | |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITIC | CAL EXPENDITURE. | \$ 424.76 | |
| | 4. TOTAL POLITICAL EXPEN | IDITURES | \$ 7276.12 | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIB OF REPORTING PERIOD | UTIONS MAINTAINED AS OF THE LA | ST DAY \$ 173.88 | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT LAST DAY OF THE REPORT | OF ALL OUTSTANDING LOANS AS C ING PERIOD | \$ Ø | |
| SELECT VINCENSIA CONTRACTOR CONTR | wear, or affirm, under penalty of perjury | | ue and correct and includes all information | |
| 100 | dured to be reported by the under the 15 | , Election Code. | | |
| | | Thychell o | L. James | |
| | | | andidate or Officeholder | |
| | | | V | |
| | | | | |
| | Please com | plete either option below | w: | |
| | | | | |
| | | | | |
| | | | | |
| Not State | DICKERSON ary Public e of Texas 393076-8 xpires 03-27-2025 | | | |
| Sworn to and subscribed | before me byElizab | reTh L James this the | 18 day of January. Notary public | |
| 20 To certify | which, witness my hand and seal of office. | | | |
| C-11, 10 00 11 | la Cott | Di de evan | NAtara public | |
| Signature of officer administer | | officer administering oath | Title of officer administering oath | |
| olghature of officer administra | Fillited fiame of C | | Title of officer administering dath | |
| | | OR | (A) 中国中国的国际公司的国际中国的国际 | |
| (2) Unsworn Declarati | on | | | |
| My name is | | , and my date of birth i | s | |
| My address is | | | | |
| | (street) | | (state) (zip code) (country) | |
| Executed in | County, State of | , on the day of (mon | , 20 th) (year) | |
| | | Signature of Cand | lidate/Officeholder (Declarant) | |

SUBTOTALS - C/OH

| 19 FILER NAME 20 Filer ID (Ethic | es Commission Filers) |
|--|-----------------------|
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT |
| 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 7450.00 |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 0 |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ 0 |
| 4. SCHEDULE E: LOANS | \$4400.00 |
| 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$7276,12 |
| 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ 0 |
| 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ O |
| 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ O |
| 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ 4400.00 |
| 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/ | он \$ 0 |
| 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ <i>O</i> |
| 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | s 0 |

SCHEDULE A1

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

| The Instru | ction Guide explains how to complete this fo | orm. | 1 Total pages Schedule A1: | |
|---|--|---------------------------|-------------------------------------|--|
| 2 FILER NAME ELIZA | BETH L. JAMES | | Filer ID (Ethics Commission Filers) | |
| | ull name of contributor | | ? Amount of contribution (\$) | |
| 6/21 60 | ontributor address; City; | State; Zip Code | #250.00 | |
| 5/ | O DRISKOLL RO HARLET | DN TX 75651 | | |
| 8 Principal occupation RETIR | / Job title (See Instructions) | Employer (See Instruction | ns) | |
| | ull name of contributor | | Amount of contribution (\$) | |
| 7/21 0 | 1 20000-07 | State; Zip Code | \$500.00 | |
| P.0 | 1. Box 1147 MARSHALL | Tx 75672 | | |
| Principal occupation ACC OVN | Job title (See Instructions) | Employer (See Instruction | ns) | |
| Date F | | 0#:) | Amount of contribution (\$) | |
| 1/01 | ontributor address; City; | State; Zip Code | \$ 1000.00 | |
| Principal accumation | 309 REBEL LANE MARSA Job title (See Instructions) | HALL 1X 15612 | | |
| ATTORN | | SELF Emf | | |
| 7(1 - 72) | | | 20/00 | |
| | | 0#:) | Amount of contribution (\$) | |
| | STEVE & LEIGH HOWELL | | | |
| 7/21 0 | ontributor address; City; | State; Zip Code | \$750.00 | |
| P.0 | BOX 1228 MARSHALL | Tx 75671 | ,, , = 0. | |
| Principal occupation | Job title (See Instructions) | Employer (See Instruction | | |
| OIL & GAS | 5 | HOWELL OI | L 9 GAS | |
| | | | | |
| | | | | |
| er de Promitir (en mais de les formes des cités d'act de construir à annuelle de la comme | ATTACH ADDITIONAL COPIES OF | THIS SCHEDI II E AS NEE | -nen | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A1

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

| The | Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: | | |
|--|--|--|--|--|
| 2 FILER NAME | Elizabeth L. James | 3 Filer ID (Ethics Commission Filers) | | |
| 4 Date 7/21 | 5 Full name of contributor out-of-state PAC (ID#:) ROBERT S' DEB LA BRYAN 6 Contributor address; City; State; Zip Code 476 MARCELINE DR WASKOM TX 75692 | 7 Amount of contribution (\$) # 1600, 00 | | |
| | pation / Job title (See Instructions) F EMPLOYED 9 Employer (See Instructions) BRYAN LANE | SERVICES | | |
| Date | Full name of contributor | Amount of contribution (\$) | | |
| 8/21 | Contributor address; City; State; Zip Code P.O. Box 910 GILMER TX 75644 | \$500.00 | | |
| Principal occup | nation / Job title (See Instructions) Employer (See Instructions) | ctions) | | |
| Date | Full name of contributor | Amount of contribution (\$) | | |
| 8/21 | Contributor address; City; State; Zip Code DENVER 2552 E ALAMEDA AVE UNIT 28 CO 80209 | \$500.00 | | |
| Principal occup | pation / Job title (See Instructions) Employer (See Instruc | ctions) | | |
| Date | Full name of contributor | Amount of contribution (\$) | | |
| 8/21 | Contributor address; City; State; Zip Code 6904 PARADISE LANE MIDLAND IX 7707 | \$1000.00 | | |
| Principal occup SELF | EmpLoYED HOME MAKER EmpLoYED HOME MAKER | ctions) | | |
| | | | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. | | | | |

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 | 1 Total pages Schedule A1: | |
|--------------|---|----------------------------|---------------------------------------|
| 2 FILER NAME | Elizabeth L. JAMES | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor out-of-state PAC | C (ID#) | 7 Amount of contribution (\$) |
| 10/21 | MICHAEL & JAMIE SMITH | | |
| 10/21 | 6 Contributor address; City; | State; Zip Code | \$500,00 |
| a | 4739 HARRIS LAKE RD M. | ARSHALL TX 7567 | _ |
| Λ | pation / Job title (See Instructions) | 9 Employer (See Instruct | |
| ATTOR | SNEY | SIEBMAN, BURG, | PHILLIPS & SMITH, LLP |
| Date | Full name of contributor | | Amount of contribution (\$) |
| | MS. T'S TASTE OF HEA | VEN | |
| 10/21 | Contributor address; City; | State; Zip Code | # 200.00 |
| , | P.O. BOX 192 E | Tx 75642 | η |
| | pation / Job title (See Instructions) | Employer (See Instruct | |
| CHE | F | SELF EM | PLOYED |
| Date | Full name of contributor | C (ID#:) | Amount of contribution (\$) |
| , | MEADOW BROOK FUNERAL HO | ME | |
| 10/21 | Contributor address; City; | State; Zip Code | \$200.00 |
| , | 1804 5. WASHINGTON MAI | RSHALL TX 75670 | |
| | pation / Job title (See Instructions) | Employer (See Instruc | tions) |
| FUNER | H / 2 | | |
| Date | Full name of contributor ut-of-state PAC | C (ID#:) | Amount of contribution (\$) |
| 101 | amandA ALLMAN MINATR | 'EA | ,, |
| 11/21 | Contributor address; City; | State; Zip Code | \$100,00 |
| , | 1501 & Washington AVE 1 | MARSHAU TX 7. | 5670 |
| 0.11 | pation / Job title (See Instructions) | Employer (See Instruc | tions) |
| attorn | 1EY | | |
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| | ATTACH ADDITIONAL CORIES | OF THIS SCHEDULE AS A | IEEDED |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A1

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

| The Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: |
|---|---------------------------------------|
| 2 FILER NAME Elizabeth L. James | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 5 Full name of contributor □ out-of-state PAC (ID#:) MIKE & HELEN WAR WICK 6 Contributor address; City; State; Zip Code 5 PINE BURR CIRCLE MARSHAU TX 7567 | 7 Amount of contribution (\$) #250,00 |
| 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) | ttions) |
| Date Full name of contributor out-of-state PAC (ID#:) LARRY FLAL TERRELL | Amount of contribution (\$) |
| 12/21 Contributor address; City; State; Zip Code 1450 KIN6S RD MARSHAU TX 75672 | \$100.00 |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | tions) |
| 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) | tions) |
| 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) | tions) |
| | |
| | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N | IEEDED |

If contributor 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 same transfer of the same page in the report. | | | |
|---------------------------------|---|-----------------------------------|--------------------------------|---------------------------------------|
| | The Instruction Guide explains how to complete this form. | | | 1 Total pages Schedule E: |
| 2 | FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| | E | 112ABETH L. JAM | ES | , |
| 4 | TOTAL OF UN | NITEMIZED LOANS | | \$ |
| 5 | Date of loan | 7 Name of lender out-of-state | PAC (ID#:) | 9 Loan Amount (\$) |
| 4 | 9/30/21 | ELIZABETH L. JAN | nes | 2000,00 |
| 6 | Is lender | • | | 10 Interest rate |
| 7 | a financial Institution? | | State; Zip Code | |
| | YN | 304 CEDAR CIRCLE | MARSHAUL TX 75672 | 11 Maturity date |
| 12 | | on / Job title (See Instructions) | 13 Employer (See Instructions) | |
| | COUNT | TY CLERK | HARRISON | COUNTY |
| 14 | Description of Coll | ateral | 15 | s were deposited into political |
| 16 | GUARANTOR INFORMATION | 17 Name of guarantor | | 19 Amount Guaranteed (\$) |
| | | 18 Guarantor address; City; | | |
| | not applicable | 18 Guarantor address; City; | State; Zip Code | |
| 20 | Principal Occupat | tion (See Instructions) | 21 Employer (See Instructions) | |
| | | | | |
| | Date of loan | Name of lender | PAC (ID#:) | Loan Amount (\$) |
| - | 11/8/21 | ELIZABETH L J. | 4mEs | 400.00 |
| | Is lender a financial Institution? | Lender address; City; | State; Zip Code | Interest rate |
| | Y N | 304 CEDAR CIRCLE 1 | MARSHALL TX 75670 | Maturity date |
| | Principal occupation | on / Job title (See Instructions) | Employer (See Instructions) | |
| | COUNTY | CLERK | HARRISON | COUNTY |
| | Description of Colla | ateral | Check if personal fund | s were deposited into political |
| none account (See Instructions) | | | | |
| | GUARANTOR INFORMATION | Name of guarantor | | Amount Guaranteed (\$) |
| | | Guarantor address; City; | State; Zip Code | |
| | / | January, January, | Sidio, Zip Oode | |
| | not applicable | | | |
| | Principal Occupati | on (See Instructions) | Employer (See Instructions) | |
| | | | | |
| | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | |

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: | | |
|--|--|-----------------------------------|--------------------------------|---------------------------------------|--|
| 2 | FILER NAME | | | 3 Filer ID (Ethics Commission Filers) | |
| | E | 112ABETH L. JAMES | | | |
| 4 | | NITEMIZED LOANS | | \$ | |
| 5 | Date of loan | 7 Name of lender out-of-state I | PAC (ID#:) | 9 Loan Amount (\$) | |
| | 12/1/21 | Elizabeth L. JAM | | \$ 2000.00 | |
| 6 | Is lender a financial Institution? | 8 Lender address; City; | State; Zip Code | 10 Interest rate | |
| | YN | 304 CEDAR CIRCLE N | MARSHALL TX 75672 | 11 Maturity date | |
| 12 | Principal occupation | on / Job title (See Instructions) | 13 Employer (See Instructions) | | |
| | COUNTY | CLERK | HARRISON COU | NTY | |
| 14 | Description of Coll | lateral | 15 Check if personal fund | ds were deposited into political | |
| | none | | account (See Instruct | | |
| 16 | GUARANTOR INFORMATION | 17 Name of guarantor | | 19 Amount Guaranteed (\$) | |
| | | 18 Guarantor address; City; | State; Zip Code | | |
| | not applicable | , | S, 24 23 25 | | |
| 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) | | | | | |
| | | | | | |
| | Date of loan | Name of lender | PAC (ID#:) | Loan Amount (\$) | |
| | | | | | |
| | ls lender a financial | Lender address; City; | State; Zip Code | Interest rate | |
| | Institution? | | | Maturity date | |
| | Y N | | | | |
| | Principal occupati | on / Job title (See Instructions) | Employer (See Instructions) | | |
| | Description of Col | lateral | Check if personal fun | ds were deposited into political | |
| | none | | account (See Instruct | | |
| | GUARANTOR INFORMATION | Name of guarantor | | Amount Guaranteed (\$) | |
| | | Guarantor address; City; | State; Zip Code | | |
| | not analisable | | | | |
| _ | not applicable | 1 | Employer (See Instructions) | | |
| | Enncipal Occupat | cion (See Instructions) | Employer (See instructions) | | |
| = | | | | | |
| | | | PIES OF THIS SCHEDULE AS NEI | | |
| | If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements. | | | | |

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/Politica | Fees Office Food/Beverage Expense Pollin Gift/Awards/Memorials Expense Printir | g Expense Transporter g Expense Travel In I Travel Ou | n/Fundraising Expense ation Equipment & Related Expense District t Of District er a category not listed above) |
|---|--|---|--|
| Credit Card Payment | The Instruction Guide explains how | | or a caregory norms.ea above) |
| 1 Total pages Schedule F1: | 2 FILER NAME EliZABETH L. | JAMES 3 Filer I | D (Ethics Commission Filers) |
| 4 Date: 9-22-21 | 5 Payee name INDOOR & OUTDOOR SIGN | | |
| 6 Amount (\$) | 7 Payee address; | | State; Zip Code |
| 405.94 | 2901 EAST END BLUD. | W. MASHALL | īx 75670 |
| 8 | (a) Category (See Categories listed at the top of this schedule | (b) Description | |
| PURPOSE OF EXPENDITURE | ADVERTIZING | SIGNS i BA | NNER |
| | (c) Check if travel outside of Texas. Complete Schedule 1 | Check if Austin, TX, officer | older living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| 9-28-21 | THE PRINT SHOP | | |
| Amount (\$) | Payee address; | City; | State; Zip Code |
| 156.96 | 214 SOUTH BOIT | VAR MARSHALL | TX 75670 |
| | Category (See Categories listed at the top of this schedule) | Description PRINT | NG EXPENSE |
| PURPOSE OF EXPENDITURE | ADVERTIZING | | DS/PUSA CARDS |
| | Check if travel outside of Texas. Complete Schedule 1 | Check if Austin, TX, officeh | older living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| 9-16-21 | 14 1/3 | | |
| Amount (\$) | Payee address; | City; | State; Zip Code |
| 405.00 | 204 E. BOWIE | MARSHALL | IX 75670 |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | ADVERTIZING | SHIRTS | |
| | Check if travel outside of Texas. Complete Schedule T | Check if Austin, TX, officeh | older living expense |
| Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | Office held |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | |

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/Politica Credit Card Payment | Fees Office Over Food/Beverage Expense Polling Ex Printing E | xpense Vages/Contract Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above) | |
|--|---|--------------------------------|---|--|
| 1 Total pages Schedule F1: | 2 FILER NAME ElizaBETH L. | JAMES | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 6-29-21 | 5 Payee name SMART ADVERTIZE | ING | | |
| 311. 22 | 7 Payee address; 1401 S. WASHINGTO, | City; | State; Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE | (b) Description | 5 | |
| 9 Complete ONLY if direct | (c) Check if travel outside of Texas, Complete Schedule T. Candidate / Officeholder name | Check if Austi | in, TX, officeholder living expense Office held | |
| expenditure to benefit C/OF | | COUNTY | CLERK COUNTY CLEICK | |
| Date | Payee name | | | |
| 7-29-21 | WASKOM HIGH SCH | HOOL | | |
| Amount (\$) | Payee address; | City; | State; Zip Code | |
| 100.00 | P.O. Box 748 | WASKOM | TX 75692 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) ADVERTISING EXPEN | Description BALL | GAMES | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held | |
| Date | Payee name | | | |
| 8-26-21 | THE PRINT SHOP | | | |
| Amount (\$) | Payee address; | City; | State; Zip Code | |
| 126.11 | 214 SOUTH BOILV | | SHALL TX 75670 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) ADVERTIZING EXPENSE | Description BUSINE | SS CARDS | |
| | Check if travel outside of Texas, Complete Schedule T. | Check if Austi | in, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/Oh | Candidate / Officeholder name | Office sought | Office held | |
| 3 | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | |

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

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 (online)

| Credit Card Payment | The Instruction Guide explains how to co | | er (enter a category not listed above) |
|---|--|------------------------|--|
| 1 Total pages Schedule F1: | 2 FILED NAME | , 3 F | iter ID (Ethics Commission Filers) |
| 6 | Elizabeth L. | AMES | |
| 4 Date 9 251 | F Payee name HALLSVILLE BOBCA | BELLES D | RILL TEAM |
| 6 Amount (\$) | 7 Payee address; | City; | State; Zip Code |
| \$250.00 | PO BOX 8 HAUSVI | LLE - | TX 75650 |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE OF EXPENDITURE | ADVERTIZING EXPENSE | BALL G | FAMES |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, | officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| 9/24/21 | MAUERICK AWARDS & | GIFTS | |
| Amount (\$) | Payee address; | City; | State; Zip Code |
| 584.55 | P.O. Box 1681 M | ARSHALL | TX 7567 |
| | Category (See Categories listed at the top of this schedule) | Description | KOOZIES, |
| PURPOSE OF | ADVETIZING EXPENSE | | |
| EXPENDITURE | HOLDHEIM O ENPENSE | COASTER | 5 |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, o | officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| 9/28/21 | MAVERICK AWARDS | i GIFTS | |
| Amount (\$) | Payee address; | City; | State; Zip Code |
| 303,10 | PO BOX 1-681 N | 1ARSHALL | TX 75671 |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | ADVERTIZING EXPENSE | SHIRT. | 3 |
| | Check if travel outside of Texas, Complete Schedule T. | Check if Austin, TX, o | officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | Office held |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | |

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 **Event Expense** Loan Repayment/Reimbursement Fees Food/Beverage Expense Consulting Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense

Office Overhead/Rental Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made By Candidate/Officeholder/Political Committee Legal Services 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 FILER NAME 3 Filer ID (Ethics Commission Filers) 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** ADVERTIZING EXPENSE RADIO EXPENDITURE Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Zip Code 100.00 411 EAST AUSTIN MARSHALL TX Category (See Categories listed at the top of this schedule) PURPOSE SPONSORSHIP EVENT EXPENSE EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Date DESIGNER GRAPHICS Zip Code PURPOSE ADVERTIZING EXPENSE 516NS OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 B: Candidate/Officeholder/Politica Credt Card Payment | Fees Office Over Food/Beverage Expense Polling Expense Office Over Polling Expense Over Polling Expense Office Over Polling Expense Ove | rpense /ages/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 c | omplete this form. | |
| 1 Total pages Schedule F1: | Elizabeth L. | JAMES | 3 Filer ID (Ethics Commission Filers) |
| 4 Date / 10/4/31 | 5 Payee name THE PRINT SHOP | | |
| 6 Amount (\$) | 7 Payee address; | City; | State; Zip Code |
| 129.90 | 214 SOUTH BOINAR | | ILL TX 75670 |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE OF EXPENDITURE | ADVERTIZING EXPENSE | RA | ACK CARDS |
| 7/2000 - 2010 - 2010 - 2010 - 2010 - 2010 - 2010 - 2010 - 2010 - 2010 - 2010 - 2010 - 2010 - 2010 - 2010 - 201 | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austin | , TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| 10/12/21 | MAVERICK AWARDS | i GIFTS | |
| Amount (\$) | Payee address; | City; | State; Zip Code |
| 379,95 | PO BOX 1681 | MARSHALL | Tx 75671 |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | ADVERTIZING EXPENSE | TEE SHI | RTS |
| | Check if travel outside of Texas. Complete Schedule T. | 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 | | |
| 9/21 | KMHT / HALLS VILLE | WESTER | en Days |
| Amount (\$) | Payee address; | City; | State; Zip Code |
| 300,00 | 2323 JEFFERSON | MARSHALL | Tx 75670 |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | ADVERTIZING EXPENSE | EVENT | |
| | Check if travel outside of Texas, Complete Schedule T. | Check if Austin | , TX, officeholder living expense |

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Candidate / Officeholder name

Office held

SCHEDULE F1

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

| | EXPENDITURE CATEGO | RIES FOR BOX 8(a) | |
|---|--|---|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic | Event Expense L Fees C Food/Beverage Expense P Gift/Awards/Memorials Expense P | oan Repayment/Reimbursement office Overhead/Rental Expense oilling Expense rinting Expense | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District |
| Credit Card Payment | The Instruction Guide explains h | | Other (enter a category not listed above) |
| 1 Total pages Schedule F1: | 2 FILER NAME ElIZABETH L. | JAMES | 3 Filer ID (Ethics Commission Filers) |
| 4 Date: 12/23/21 | 5 Payee name | PHICS | |
| 6 Amount (\$) | 7 Payee address; | City; | State; Zip Code |
| 998.07 | 12404 HWY 155 | SOUTH TY | LER TX 75703 |
| 8 | (a) Category (See Categories listed at the top of this sche | | 14C /X /3.00 |
| PURPOSE OF EXPENDITURE | ADVERTISING EXPENS | E 516NS | |
| | (c) Check if travel outside of Texas. Complete Scheo | lule T. Check if Austin, | TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | , | |
| 11/15/21 | 92.3 FM THE DE | EPOT SHOP W | IHH A COP |
| Amount (\$) | Payee address; | City; | State; Zip Code |
| 600,00 | WASHINGTON | MARSHALL | Tx 75670 |
| | Category (See Categories listed at the top of this sched | iule) Description | The second secon |
| PURPOSE OF EXPENDITURE | ADVERTIZING EXPENS | E RADIO | |
| | Check if travel outside of Texas. Complete Sched | ule T. Check if Austin, | TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| 9/21 | HAKRISON 4-H | | |
| Amount (\$) | Payee address; | City; | State; Zip Code |
| 725.00 | 102 W HOUSTON | MARSHALL | Tx 75670 |
| * | Category (See Categories listed at the top of this sched | ule) Description | |
| PURPOSE OF EXPENDITURE | CONTRIBUTIONS/DONATIONS MADE BY OFFICE HOLDER | CONTRIB | BUTION |
| | Check if travel outside of Texas. Complete Schedi | Life T. Check if Austin, 1 | TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
| ATTACH ADDITIONAL CODIES OF THIS SCHEDULE AS MEEDED | | | |

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing 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)

| Credit Card Payment | The Instruction Guide explains how to c | omplete this form. | Other (enter a category not listed above) |
|--|--|---------------------------|---|
| 1 Total pages Schedule F1: | 2 FILER NAME ElizABETH L. JA | MES | 3 Filer ID (Ethics Commission Filers) |
| 4 Date /2-/-2/ | 5 Payee name THE REPUBLICAN PARTY OF | = HARRISON (| COUNTY |
| 6 Amount (\$) # 150.00 | 2 FILER NAME ElizABETIJ L. JA. 5 Payee name THE REPUBLICAN PARTY OF 7 Payee address; THE REPUBLICAN HARRISON | U PARTY OF | State; Zip Code Killsville TX 75650 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description FILE FOR | |
| | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austin | , TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| Amount (\$) | Payee address; | City; | State; Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin | , TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| Amount (\$) | Payee address; | City; | State; Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description | |
| | Check if travel outside of Texas. Complete Schedule T. | 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 NEE | DED |

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

| Credit Card Payment | The Instruction Guide explains how to | Other (enter a category not listed above) complete this form. | |
|---|--|--|--|
| 1 Total pages Schedule G: | 2 FILER NAME EIZABETH L JAME | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 9-30-21 | 5 Payee name Elizabeth L. James | 5 | |
| 6 Amount (\$)2000,00 | 7 Payee address; | City; State; Zip Code | |
| Reimbursement from political contributions intended | 304 CEDAR CIRCLE | MARSHAU TX 75672 | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| OF EXPENDITURE | ADVERTISING EXPENSE | 516N5 | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense | |
| 9 Complete ONLY if direct | Candidate / Officeholder name | Office sought Office held | |
| expenditure to benefit C/OH | Elizabeta L. JAMES | COUNTY CLERK COUNTY CLERK | |
| Date 11 - 8 - 2/ | Payee name Elizabeth L. James | 5 | |
| Amount (\$) 400,00 | Payee address; | City; State; Zip Code | |
| Reimbursement from political contributions intended | 304 CEDAR CIRCLE | MARSHALL TX 75672 | |
| PURPOSE | Category (See Categories listed at the top of this schedule) | Description | |
| OF EXPENDITURE | ADVERTISING EXPENSE | S16NS | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought Office held | |
| expenditure to benefit C/0 | DH EITZABETH L. JAMES | COUNTY CLERK COUNTY CLERK | |
| Date | Payee name | | |
| 12-1-21 | ElizaBETH L. JAME | 3 | |
| Amount (\$) 2000,00 | Payee address; | City; State; Zip Code | |
| Reimbursement from political contributions intended | 304 CEDAR CIRCLE | MARSHAU TX 75672 | |
| PURPOSE | Category (See Categories listed at the top of this schedule) | Description | |
| OF EXPENDITURE | ADVERTIZING EXPENSE | SIGNS | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought Office held | |
| expenditure to benefit C/OH | Elizabeth L JAMES | COUNTY CLERK COUNTY CLERK | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | |

| | | - The state of the | | | |
|---|---------------------------------|--|---|------------------------------|--|
| The C/OH Instruction (| Guide explains how | to complete this form. | 1 Filer ID (Ethics Commission Filers) | 2 Total pages fi | led: |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR Mrs | FIRST Elizabeth | MI L | OFFICE | USE ONLY |
| TV WIL | NICKNAME Liz | James | SUFFIX | Date Received | EIMED |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX 304 Cedar C | ; APT / SUITE #; C Fircle Marshall | CITY; STATE; ZIP CODE Tx 75672 | HARRISO | 21 2021 LAK ON COUNTY ONS OFFICE |
| Change of Address | | | | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | (903) | 930-7526 | EXTENSION | | or Date Postmarked |
| 6 CAMPAIGN TREASURER | MS / MRS / MR Mrs | FIRST Elizabeth | мі L | Receipt # | Amount \$ |
| NAME | NICKNAME | LAST | SUFFIX | Date Processed | |
| | Liz | James | SUFFIX | Date Imaged | |
| 7 CAMPAIGN TREASURER ADDRESS | Same as abo | (NO PO BOX PLEASE); APT / SI | UITE #; CITY; | STATE; | ZIP CODE |
| (Residence or Business) | | | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | | |
| 9 REPORT TYPE | January 15 July 15 | 30th day before e | | treasurer ap (Officeholde | |
| 10 PERIOD COVERED | Month 5 | Day Year / 21 / 21 | THROUGH 6 | Day Year / 30 / 21 | |
| 11 ELECTION | Month Day | Year Primary General | Runoff Other Description Special | | |
| 12 OFFICE | County Cle | | 13 OFFICE SOUGHT (if known County Clerk | 1) | |
| 14 NOTICE FROM POLITICAL COMMITTEE(S) | THE CANDIDATE / OFFIC | CEHOLDER. THESE EXPENDITURES | ACCEPTED OR POLITICAL EXPENDITURES M S MAY HAVE BEEN MADE WITHOUT THE CANE RED TO REPORT THIS INFORMATION ONLY IF T | DIDATE'S OR OFFICEHOL | DER'S KNOWLEDGE OR |
| COMMITTEL(3) | COMMITTEE TYPE | COMMITTEE NAME | | | |
| Additional Pages | GENERAL | COMMITTEE ADDRESS | | | |
| | SPECIFIC | COMMITTEE CAMPAIGN TRE | ASURER NAME | | |
| | | COMMITTEE CAMPAIGN TRE | EASURER ADDRESS | | |
| | | GO TO | PAGE 2 | | |

| 15 C/OH NAME | | 16 Filer ID (Ethics Com | nmission Filers) |
|--------------------------------|--|---------------------------|-------------------|
| 17 CONTRIBUTION TOTALS | 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 LAS OF REPORTING PERIOD | ST DAY \$ | 250.00 |
| OUTSTANDING LOAN TOTALS | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD | F THE \$ | 0.00 |
| (1) Affidavit | Please complete either option below NANCY S GEORGE Notary Public State of Texas ID # 1149078-1 My Comm. Expires 02-08-2025 | ndigate or Officeholder | |
| | before me by <u>KLIZABETH</u> <u>JAMES</u> this the | 2/ day of <u>M</u> | AY |
| 20 <u>21</u> , to certify | which witness my hand and seal of office. NANCY GEORGE | | |
| Signature of officer administe | , | Title of officer a | dministering oath |
| DISTRIBUTE OF STREET | or | | NAME OF THE |
| (2) Unsworn Declaration | on | | |
| My name is Elizabeth | James, and my date of birth is | 09-29-1959 | |
| My address is 304 Cec | | | nited States |
| Executed in Harrison | | (zip code) | (country) |
| | Signature of Candid | late/Officeholder (Declar | ant) |

| | | | TO STATE OF THE PARTY OF THE PA |
|---|--|--|--|
| The C/OH Instruction G | Guide explains how to complete this form | m. 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS/MRS/MR FIRST Mrs. ElizaBeth | MI | OFFICE USE ONLY |
| \war- | NICKNAME LAST | SUFFIX | Date Received |
| 4 CANDIDATE / OFFICEHOLDER | ADDRESS / PO BOX; APT / SUITE #; | CITY; STATE; ZIP CODE |] JAN 15 2020 |
| MAILING ADDRESS Change of Address | 304 Cedar Circle | Marshall TX 75672 | HARRISON COUNTY ELECTIONS OFFICE |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER (903) 930-75 | extension 26 | Date Hand-delivered or Date Postmarked |
| 6 CAMPAIGN TREASURER NAME | MS/MRS/MR FIRST Libby | MI | Receipt # Amount \$ Date Processed |
| | NICKNAME LAST WYAH | SUFFIX | Date Imaged |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BEX PLEASE); A | APT/SUITE#, CITY; KSRd Marshar | STATE; ZIP CODE ZIX 75670 |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER (903) 9306832 | EXTENSION | |
| 9 REPORT TYPE | | refore election Runoff Runoff Exceeded \$500 limit | 15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR) |
| 10 PERIOD COVERED | Month Day Year | Month THROUGH | Day Year |
| 11 ELECTION | / / / | rimary Runoff Other Description | |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known) | |
| GO TO PAGE 2 | | | |

| 14 C/OH NAME | | 15 | Filer ID (Ethics Commission Filers) | | |
|---------------------------------------|---|--|--------------------------------------|--|--|
| 16 NOTICE FROM POLITICAL COMMITTEE(S) | SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S | | | | |
| | COMMITTEE TYPE | COMMITTEE NAME | | | |
| | GENERAL | | | | |
| | SPECIFIC | COMMITTEE ADDRESS | | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | | |
| Additional Pages | | | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | |
| 17 CONTRIBUTION TOTALS | PLEDG | POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS, OR IBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED | \$ 0 | | |
| | | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 0 | | |
| EXPENDITURE TOTALS | 3. TOTAL UNLESS | \$ 0 | | | |
| | 4. TOTAL POLITICAL EXPENDITURES \$ 0 | | | | |
| CONTRIBUTION BALANCE | 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 | | l swear, or affirm, under penalty of per | iuny that the accompanying report is | | |
| | | true and correct and includes all inforr under Title 15, Election Code. | | | |
| | HY DICKERSON Notary Public tate of Texas D# 393076-8 | Signature of Candid | date or Officeholder | | |
| Sworn to and subsci | ribed before me, I | by the saidElizabeth James | , this the | | |
| day of Januar | <u>-</u> , 20 <u>20</u> , | to certify which, witness my hand and seal of office. | | | |
| an I | Tho | Cathy Dicherson | Notan Aublic | | |
| Signature of officer a | dministering oath | Printed name of officer administering oath | Title of officer administering oath | | |

| 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 | OFFICE USE ONLY |
| NAIVIL | NICKNAME LAST SUFFIX | Date Received KIOWRY RE RECIENTED |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX; APT SUITE # CITY: STATE: ZIP CODE 10543 Fm 449 HAUSVILLE TY 75650 | FEB 27 2018 |
| Change of Address | | HARRISON COUNTY ELECTIONS OFFICE |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION (905) 930-7526 | Date Hand-delivered or Date Postmarked |
| 6 CAMPAIGN TREASURER | MS / MRS / MR FIRST MI | Receipt # Amount \$ |
| NAME | Libby Wyatt NICKNAME LAST SUFFIX | Date Processed |
| | NICKNAME LAST SUFFIX | Date Imaged |
| 7 CAMPAIGN TREASURER ADDRESS | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; 3491 COOKS R5 Marshall Tx 16670 | ZIP CODE |
| (Residence or Business) | Marshall Tx 75670 | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (903) 930 - 6837 | |
| 9 REPORT TYPE | January 15 30th day before election Runoff July 15 8th day before election Exceeded \$500 limit | 15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR) |
| | Sur day before election | Final Neport (Allacii G/OH - Ph) |
| 10 PERIOD COVERED | Month Day Year Month THROUGH | Day Year |
| 11 ELECTION | ELECTION DATE ELECTION TYPE | 4 |
| 76 | Month Day Year Primary Runoff Other Description 3 / 6 / 18 General Special | |
| 12 OFFICE | OFFICE HELD (if any) 13 OFFICE SOUGHT (if known | |
| | COUNTY | CLERK |
| | GO TO PAGE 2 | |

| 14 C/OH NAME | | 15 Fi | ler ID (Ethics Commission Filers) | |
|---|--|---|-------------------------------------|--|
| 16 NOTICE FROM POLITICAL COMMITTEE(S) | SUPPORT THE CAN | NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT OMSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFOUNTES. | THE CANDIDATE'S OR OFFICEHOLDER'S | |
| | COMMITTEE TYPE | COMMITTEE NAME | | |
| | GENERAL | | | |
| | SPECIFIC | COMMITTEE ADDRESS | | |
| 5 | | COMMITTEE CAMPAIGN TREASURER NAME | | |
| Additional Pages | | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | |
| | | | | |
| 17 CONTRIBUTION TOTALS | | POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ 0 | |
| | | POLITICAL CONTRIBUTIONS R THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ -0- | |
| EXPENDITURE TOTALS 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS. UNLESS ITEMIZED | | | \$ 4 | |
| | 4. TOTAL POLITICAL EXPENDITURES \$ | | | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ | | | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ | | | |
| 18 AFFIDAVIT | | | | |
| SIRV PURE | NANCY S. GE | ORGE B | | |
| | and Ex Officio Nota State of Tex | as Signature of Candidate | e or Officeholder | |
| AFFIX NOTARY STAN | My Comm. Expires 1 | 12-31-2020[) | | |
| Sworn to and subse | crihad hafara ma | by the said FLIZABETH L. WHIPKE | this the 21 | |
| day of FEBRUA | | to certify which, witness my hand and seal of office. | , uns tre | |
| Somey s | Leves | NANCY S. GEORGE | NOTARY | |
| Signature of officer | administering oath | Printed name of officer administering oath | Fitle of officer administering oath | |

| The C/OH Instruction C | 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 E1124BETH | MI L | OFFICE USE ONLY Date Received |
| | LIZ Whipkey | The second secon | 別式(学型(V)(型D) FEB 0 5 2018 |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | | Buille TX 75650 | HARRISON COUNTY ELECTIONS OFFICE |
| Change of Address | | | WileWall A |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER (903) 930-75-26 | EXTENSION | Date Hand-delivered or Date Postmarked |
| 6 CAMPAIGN TREASURER | MS / MRS / MR FIRST | MI | Receipt # Amount \$ |
| NAME | NICKNAME LAST | SUFFIX | Date Processed |
| | Wyatt | | Date Imaged |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SI 3492 COOKS Ro | ARRENT VICTOR VICTOR STATE STA | ZIP CODE X 75670 |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER (903) 930 - 6832 | EXTENSION | |
| 9 REPORT TYPE | January 15 30th day before ele | | 15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR) |
| 10 PERIOD COVERED | Month Day Year / 15 / 18 | THROUGH $\frac{Month}{2}$ | Day Year / 5 / 18 |
| 11 ELECTION | BLECTION DATE Month Day Year Primary 3 / 6 / 18 General | ELECTION TYPE Runoff Other Description Special | |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known | n) |
| | | County | Clerk |
| | go то | PAGE 2 | |

| 14 C/OH NAME | THE STREET STREET | 15 F | Filer ID (Ethics Commission Filers) | |
|---|--|---|--------------------------------------|--|
| 16 NOTICE FROM POLITICAL COMMITTEE(S) | SUPPORT THE CAN | NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURE DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT DISSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFITURES. | IT THE CANDIDATE'S OR OFFICEHOLDER'S | |
| | COMMITTEE TYPE | COMMITTEE NAME | | |
| | GENERAL | | | |
| | SPECIFIC | COMMITTEE ADDRESS | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | |
| Additional Pages | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | |
| | | | | |
| 17 CONTRIBUTION TOTALS | | POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, 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 | | | 3 | |
| | CAROL KEN Notary P State of 1 ID # 12963 | NNEDY ublic Fexas 8992-5 | ation required to be reported by me | |
| Turan. | My Comm. Expires | Signature of Candida | te or Officeholder | |
| AFFIX NOTARY STAN | MP/SEALABOVE | | 559 | |
| Sworn to and subso | cribed before me, | by the said Elizabeth L Whipk | (e), this the 5th | |
| day of Februa | 1 20 17 | to certify which, witness my hand and seal of office. | 1 | |
| Carol | Kennec | () Carol Kennedy | | |
| Signature of officer | administering oath | Printed name of officer administering oath | Title of officer administering oath | |

| 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 E112ABETH | MI L | OFFICE USE ONLY | | |
| | NICKNAME LAST | SUFFIX | Date Received 27 [V 27]D | | |
| | LIZ Whipkey | | JAN 18 2018 | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX; APT / SUITE #: C 10543 Fm 449 H | ALLS VILLE TX 75650 | HARRISON COUNTY ELECTIONS OFFICE | | |
| Change of Address | | ۷ | AND PLACE | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER (903) 930-7526 | EXTENSION | Date Hand-delivered or Date Postmarked | | |
| 6 CAMPAIGN TREASURER NAME | MS/MRS/MR FIRST LIBBY NICKNAME LAST WYATT | MI | Receipt # Amount \$ Date Processed Date Imaged | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SU 3492 Cooks Rol M | | ZIP CODE 75670 | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER (903) 930-6832 | EXTENSION | - | | |
| 9 REPORT TYPE | January 15 30th day before elec | | 15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR) | | |
| 10 PERIOD COVERED | Month Day Year | THROUGH Month | Day Year | | |
| 11 ELECTION | ELECTION DATE Month Day Year Primary 3 / 6 / 18 General | Runoff Other Description Special | | | |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known) | LERK | | |

| | | | 20 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | | |
|--|---|---|--|--|--|
| 14 C/OH NAME | | 15 Fi | ler 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 GENERAL SPECIFIC | COMMITTEE NAME COMMITTEE ADDRESS | | | |
| Additional Pages | | COMMITTEE CAMPAIGN TREASURER NAME | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | |
| 17 CONTRIBUTION TOTALS | 1. TOTAL I PLEDGE | POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ 4200.00 | | |
| | | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | | |
| EXPENDITURE TOTALS | TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | | \$ 489.67 | | |
| 4. TOTAI | | POLITICAL EXPENDITURES | \$ 4089.67 \$ 4089.67 | | |
| CONTRIBUTION BALANCE | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | | \$ 4200.00 | | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL F LAST DA | \$ 6 | | | |
| | ITTANY GRIFFIN Notary Public State of Texas D # 12963988-1 Im. Expires 11-25-20 | I swear, or affirm, under penalty of perjury true and correct and includes all information under Title 15, Election Code. Signature of Candidate | | | |
| Sworn to and subscribed before me, by the said Elizabeth Whitey, this the 18th | | | | | |
| day of January, 20/8, to certify which, witness my hand and seal of office. | | | | | |
| Signature of officer a | dministering oath | Printed name of officer administering oath T | itle of officer administering path | | |

SUBTOTALS - C/OH

| 19 | 19 FILER NAME 20 Filer ID (Ethics Cor | | |
|-----|--|--------------------|--|
| 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 | \$ | |
| 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 | | | | | | |
|--|--|--|--|--|--|--|
| The | Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: | | | | |
| 2 FILER NAME | ZABETH L Whipkey | 3 Filer ID (Ethics Commission Filers) | | | | |
| 4 Date | 5 Full name of contributor | 7 Amount of contribution (\$) | | | | |
| 7/26/17 | Martha Combs 6 Contributor address; City; State; Zip Code 3369 E 74 ave Denver Co 80266 | 500.00 | | | | |
| 8 Principal occu | pation / Job title (See Instructions) 9 Employer (See Instructions) | War and War an | | | | |
| Ret | | uons) | | | | |
| Date | Full name of contributor | Amount of contribution (\$) | | | | |
| 7/25/17 | FUZZY Harmon Contributor address; City; State; Zip Code 974 FUZZY Harmon Rd Marshall Tx 75670 | 250,00 | | | | |
| Principal occur | pation / Job title (See Instructions) Employer (See Instructions) | | | | | |
| i ilicipai occup | Employer (See Instructions) Employer (See Instructions) | ions) | | | | |
| Date | Full name of contributor out-of-state PAC (ID#:) | Amount of contribution (\$) | | | | |
| 7/28/19 | Don & Cindy Stokes Contributor address; City; State; Zip Code 109 East Houston Marshall TX 75676-4143 | 2500.00 | | | | |
| Principal occupation / Job title (See Instructions) Afterney Employer (See Instructions) Self | | | | | | |
| Date | Full name of contributor out-of-state PAC (ID#:) | Amount of contribution (\$) | | | | |
| 9/5/17 | Josh Maness Contributor address; City; State; Zip Code 480 W Texas AVE Waskom Tx 75692 | 200.00 | | | | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | | | | | | |
| atto, | rney Seff | | | | | |
| | | | | | | |
| | | | | | | |

| MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 | | | | | | |
|--|--|---------------------------------------|-------------------------------|--|--|--|
| The | Instruction Guide explains how to complete this | 1 Total pages Schedule A1: | | | | |
| 2 FILER NAME | IZABETH Whinkou | 3 Filer ID (Ethics Commission Filers) | | | | |
| 4 Date | 12 ABETH Whipkey 5 Full name of contributor □ out-of-state PAC | (ID#:) | 7 Amount of contribution (\$) | | | |
| 9/28/17 | Paul Turner 6 Contributor address; City; State 4005. alamo Blvd SuiteA | 200.00 70 | | | | |
| 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) | | | | | | |
| Date | Full name of contributor | (ID#: | Amount of contribution (\$) | | | |
| 10/20/17 | Brent Govdari Contributor address; City; State Po Drawer 910 Gilmer 7 | ; Zip Code | 500.00 | | | |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruct | ions) | | | |
| Date | Full name of contributor | | Amount of contribution (\$) | | | |
| 11/12/17 | MI & Mrs Joe H Cade Jr Contributor address; City; State 17630 COUNTY Rd 32 LINGALE | Zip Code | 50,00 | | | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | | | | | | |
| Date | Full name of contributor | (ID#:) | Amount of contribution (\$) | | | |
| | Contributor address; City; State | ; Zip Code | | | | |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruct | ions) | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | ATTACH ADDITIONAL COPIES O | F THIS SCHEDI II F AS NE | FDFD | | | |

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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Travel In District 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 FILER NAME 3 Filer ID (Ethics Commission Filers) ElizABETH Whipkey 4 Date The Print Shop 7 Payee address; City; State; Zip Code 6 Amount (\$) 214 S. Bolivar Marshall Tx 75670 117.67 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Push Cards OF EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name The Print Shop Pavee address; City; State; Zip Code Amount (\$) 123,83 214 5 Bolivar Marshall Tx 75670 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense Rack Cards EXPENDITURE Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH The Print Shop Marshall Tx 45252 75670 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF EXPENDITURE Door Hungers Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking **Event Expense** Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Solicitation/Fundraising Expense Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Transportation Equipment & Related Expense Travel In District Contributions/Donations Made By Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Legal Services 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 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 9/8/17 6 Amount (\$) The Print Shop 7 Payee address; City; State; Zip Code 214 S. Bolivar Marshall Tx 75670 488 59 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholder living expense Brochuses 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Smart advertizing Payee address; City; State; Zip Code Marshall Tx 75670 1401 S Washington 25331 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF EXPENDITURE Magnetic Sign's Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH The Print Shop 10/5/17 Payee address; City; State; Zip Code 214 3 Bolivar Marshall Tx 75670 354.64 Category (See Categories listed at the top of this schedule) PURPOSE Check if travel outside of Texas. Complete Schedule T. OF Push Cards Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee 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 FILER NAME 3 Filer ID (Ethics Commission Filers) E112ABETH Whipkey 4 Date Monogram Madness 7 Payee address; City; State; Zip Code 6 Amount (\$) 5482 Fm 134 Waskom Tx 75692 202.43 (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense T- Shirts EXPENDITURE Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH 9/29/17 Kencos Amount (\$) City; State; Zip Code 194 85 1609 Sedberry Marshall TX 75670 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense T-Shirls Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Pavee name 10/17/17 Kencos Payee address; City; State; Zip Code Amount (\$) 1609 Sedberry Marshall Tx 75676 220.83 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF T- Shirts Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Polling Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME EnzaBETH Whipkey 5 Payee name DeSIGNET Graphics 7 Pavee address; City; State; Zip Code 4 Date 12404 Hwy 1555 Tyler Tx 75703 1681 00 (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Political Signs Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date City; State; Zip Code Amount (\$) Payee address; Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF ☐ Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense EXPENDITURE Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED