

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

COPY

**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
	NICKNAME	LAST	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
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
11 ELECTION	ELECTION DATE		ELECTION TYPE
12 OFFICE		OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)

OFFICE USE ONLY

Date Received

RECEIVED

JAN 15 2024

**HARRISON COUNTY
ELECTIONS OFFICE**

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
NANCY SCHNORBUS GEORGE

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
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> 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)	\$ 1375 ⁰⁰
3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
4. TOTAL POLITICAL EXPENDITURES	\$ 375 ⁰⁰
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1000 ⁰⁰
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

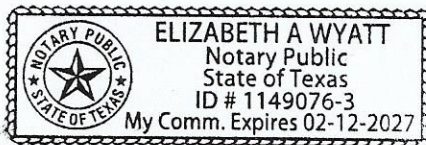
EXPENDITURE
TOTALS

CONTRIBUTION
BALANCE

OUTSTANDING
LOAN TOTALS

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

Nancy George
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said _____, this the 18 day of January, 2024, to certify which, witness my hand and seal of office.

Elizabeth Wyatt
Signature of officer administering oath

Elizabeth Wyatt
Printed name of officer administering oath

Notary
Title of officer administering oath

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.

1 Total pages Schedule F1:	2 FILER NAME NANCY SCHNORBUS GEORGE	3 Filer ID (Ethics Commission Filers)
4 Date 11/20/23	5 Payee name HARRISON COUNTY REPUBLICAN PARTY	
6 Amount (\$) 375⁰⁰	7 Payee address; City; State; Zip Code 4595 COUNTRY CLUB LONGVIEW, TEXAS	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEES	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FILING FEE
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: NANCY SCHNORBUS GEORGE Office sought: JUSTICE OF THE PEACE Office held: Pct. 4	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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	9 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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

NANCY SCHNORBUS GEORGE

3 Filer ID (Ethics Commission Filers)

4 Date

11/9/23

5 Full name of contributor

out-of-state PAC (ID#: _____)

TRUVELOVE LAW FIRM

6 Contributor address;

City; State; Zip Code

MARSHALL, TX 75671

7 Amount of contribution (\$)

375⁰⁰

8 Principal occupation / Job title (See Instructions)

ATTORNEY

9 Employer (See Instructions)

Date

11/9/23

Full name of contributor

out-of-state PAC (ID#: _____)

MCKOOK SMITH

Contributor address;

City; State; Zip Code

MARSHALL, TX 75670

Amount of contribution (\$)

1000⁰⁰

Principal occupation / Job title (See Instructions)

ATTORNEYS

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____ 423 NESBITT C/O MARSHALL, TX 75670	Date Received RECEIVED JAN 15 2024 HARRISON COUNTY ELECTIONS OFFICE	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: _____ PHONE NUMBER: _____ EXTENSION: _____ (903) 930-8400	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: _____ FIRST: _____ MI: _____ NICKNAME: _____ LAST: NANCY SCHNORBUS SUFFIX: _____ GEORGE	Receipt #	Amount \$
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10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 12 / 11 / 23 THROUGH 01 / 15 / 24		
11 ELECTION	ELECTION DATE Month Day Year 03 / 05 / 2024	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) JUSTICE OF THE PEACE PCT. 4	13 OFFICE SOUGHT (if known) JUSTICE OF THE PEACE PCT. 4	

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COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
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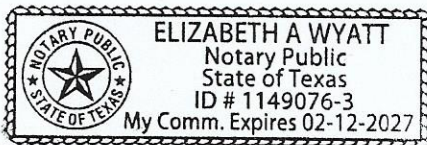
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AFFIX NOTARY STAMP / SEAL ABOVE

Nancy George
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said _____, this the 18 day of January, 2024, to certify which, witness my hand and seal of office.

Elizabeth Wyatt
Signature of officer administering oath

Elizabeth Wyatt
Printed name of officer administering oath

Notary
Title of officer administering oath

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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MONETARY POLITICAL CONTRIBUTIONS

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NANCY SCHNORBUS GEORGE

3 Filer ID (Ethics Commission Filers)

4 Date

11/9/23

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TRUVELOVE LAW FIRM

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City; State; Zip Code

MARSHALL, TX 75671

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9 Employer (See Instructions)

Date

11/9/23

Full name of contributor

out-of-state PAC (ID#: _____)

MCKOOL SMITH

Contributor address;

City; State; Zip Code

MARSHALL, TX 75670

Amount of contribution (\$)

1000⁰⁰

Principal occupation / Job title (See Instructions)

ATTORNEYS

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

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Date

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