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: DR.
FIRST: GARLAND
MI: S.
NICKNAME:
LAST: NOVOSAD
SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX: 1610 CRESTMONT STREET
APT / SUITE #:
CITY: WHARTON
STATE: TEXAS
ZIP CODE: 77488

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (281)
PHONE NUMBER: 236-3515
EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: DR.
FIRST: GARLAND
MI: S.
NICKNAME:
LAST: NOVOSAD
SUFFIX:

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): 1610 CRESTMONT STREET
APT / SUITE #:
CITY: WHARTON
STATE: TX
ZIP CODE: 77488

8 CAMPAIGN TREASURER PHONE

AREA CODE: (281)
PHONE NUMBER: 236-3515
EXTENSION:

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount $

Date Processed

Date Imaged

9 REPORT TYPE

☐ January 15
☒ 30th day before election
☐ Runoff
☐ 15th day after campaign treasurer appointment (Officeholder Only)
☐ July 15
☐ 8th day before election
☐ Exceeded Modified Reporting Limit
☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED

	Month	Day	Year
	2	15	2024
THROUGH	03	31	2024

11 ELECTION

ELECTION DATE: Month 05 / Day 04 / Year 2024

ELECTION TYPE:
☐ Primary ☐ Runoff ☐ Other Description: WISD BOARD OF TRUSTEE ELECTION
☐ General ☐ Special

12 OFFICE

OFFICE HELD (if any):

13 OFFICE SOUGHT (if known): WISD BOARD OF TRUSTEES POSITION #1

14 NOTICE FROM POLITICAL COMMITTEE(S)

☐ 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.

COMMITTEE TYPE
☐ GENERAL
☐ 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 DR. GARLAND S. NOVOSAD		**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)	$ 625.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$
	4. **TOTAL POLITICAL EXPENDITURES**	$ 2404.66
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	$ 0.00

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

_____
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____,

20 _____, 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

OR

(2) Unsworn Declaration

My name is DR. GARLAND S. NOVOSAD, and my date of birth is 07/02/1948.

My address is 1610 CRESTMONT STREET (street), WHARTON (city), TX (state), 77488 (zip code), USA (country).

Executed in WHARTON County, State of TEXAS, on the 1ST day of APRIL (month), 20 24 (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)
DR. GARLAND S. NOVOSAD	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	[X]	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 625.00
2.	[ ]	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ 0.00
3.	[ ]	SCHEDULE B: PLEDGED CONTRIBUTIONS	$ 0.00
4.	[ ]	SCHEDULE E: LOANS	$ 0.00
5.	[ ]	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 625.00
6.	[ ]	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$ 0.00
7.	[ ]	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$ 0.00
8.	[ ]	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$ 0.00
9.	[ ]	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$ 1779.66
10.	[ ]	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$ 0.00
11.	[ ]	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 0.00
12.	[ ]	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$ 0.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 1

2 FILER NAME
DR. GARLAND S. NOVOSAD

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____)	7 Amount of contribution ($)
03/26/2024	LAYNE MUEGGE SHAPPEN FARMS INC.	$250.00
	6 Contributor address: 3000 WELLSPRING LAKE / City: FULSHEAR / State: TX / Zip Code: 77441	
8 Principal occupation / Job title (See Instructions): AGRICULTURE /BROKER	9 Employer (See Instructions): SELF	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
03/26/2024	RALPH MCBRIDE	$125.00
	Contributor address: 807 OLD LAKE, HOUSTON, / City: / State: TX / Zip Code: 77057	
Principal occupation / Job title (See Instructions): UNKNOWN	Employer (See Instructions):	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
03/26/2024	JEFFREY D. BLAIR	$100.00
	Contributor address: 1406 KELVING WAY / City: WHARTON / State: TEXAS / Zip Code: 77488	
Principal occupation / Job title (See Instructions): RETIRED (BANKER)	Employer (See Instructions):	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
03/26/2024	JIM MADDOX	$150.00
	Contributor address: 23431 EULA MAE LANE / City: RICHMOND, / State: TX / Zip Code: 77469	
Principal occupation / Job title (See Instructions): DEVLOPER/PROPERTIES	Employer (See Instructions): SELF	

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
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 G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
2	DR. GARLAND S. NOVOSAD	

4 Date: 03/24/2024

5 Payee name: AMAZON

6 Amount ($): 113.61

☐ Reimbursement from political contributions intended

7 Payee address; City; State; Zip Code: AMAZON.COM

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): ADVERTISING EXPENSE

(b) Description: WIRES FOR CAMPAIGN POSTERS

(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/OH

Candidate / Officeholder name: DR. GARLAND S. NOVOSAD
Office sought: WISD TRUSTEE POSITION #1
Office held:

Date: 03/30/2024

Payee name: AMAZON.COM

Amount ($): 113.61

☐ Reimbursement from political contributions intended

Payee address; City; State; Zip Code: AMAZON.COM

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): ADVERTISING

Description: WIRES FOR CAMPAIGN POSTERS

☐ 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

Candidate / Officeholder name: DR. GARLAND S. NOVOSAD
Office sought: SCHOOL BOARD POSITION #1
Office held:

Date: 02/23/2024

Payee name: CUSTOM CREATIONS

Amount ($): 542.34

☐ Reimbursement from political contributions intended

Payee address; City; State; Zip Code: 202 NORTH HOUSTON, WHARTON, TX 77488

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): ADVERTISING

Description: DOOR HANGERS

☐ 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

Candidate / Officeholder name: DR. GARLAND S. NOVOSAD
Office sought: SCHOOL BOARD POSITION #1
Office held:

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
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 G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
2	DR. GARLAND S. NOVOSAD	

4 Date: 03/04/2024
5 Payee name: VISTA PRINT
6 Amount ($): 778.82
☐ Reimbursement from political contributions intended
7 Payee address; City; State; Zip Code: VISTA PRINT.COM
8 PURPOSE OF EXPENDITURE
(a) Category (See Categories listed at the top of this schedule): ADVERTISING EXPENSE
(b) Description: 24X18 CAMPAIGN POSTERS
(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/OH
Candidate / Officeholder name: DR. GARLAND S. NOVOSAD
Office sought: WISD TRUSTEE POSITION #1
Office held:

Date: 03/08/2024
Payee name: VISTA PRINT
Amount ($): 233.26
☐ Reimbursement from political contributions intended
Payee address; City; State; Zip Code: VISTA PRINT.COM
PURPOSE OF EXPENDITURE
Category (See Categories listed at the top of this schedule): ADVERTISING
Description: 36X36 CAMPAIGN POSTERS
☐ 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
Candidate / Officeholder name: DR. GARLAND S. NOVOSAD
Office sought: SCHOOL BOARD POSITION #1
Office held:

Date: 03/18/2024
Payee name: VISTA PRINT
Amount ($): 736.63
☐ Reimbursement from political contributions intended
Payee address; City; State; Zip Code: VISTAPRINT.COM
PURPOSE OF EXPENDITURE
Category (See Categories listed at the top of this schedule): ADVERTISING
Description: 24X18 CAMPAIGN POSTERS
☐ 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
Candidate / Officeholder name: DR. GARLAND S. NOVOSAD
Office sought: SCHOOL BOARD POSITION #1
Office held:

AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2024, a candidate or officeholder who has accepted more than $32,810 in political contributions or made more than $32,810 in political expenditures in any calendar year must file all subsequent reports electronically.

OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount $
Date Processed	
Date Imaged	

Filer name	Filer ID #
DR. GARLAND S. NOVOSAD	

1. I swear or affirm that I have not accepted more than $32,810 in political contributions or made more than $32,810 in political expenditures in a calendar year.
2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds $32,810 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
5. I am filing this affidavit with the CAMPAIGN EXPENSE report due on APRIL 4, 2024. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit

_____
Signature of Filer

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, 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

OR

(2) Unsworn Declaration

My name is DR. GARLAND S. NOVOSAD, and my date of birth is 07/02/1948.

My address is 1610 CRESTMONT STREET, (street), WHARTON (city), TX (state), 77488 (zip code), USA (country).

Executed in WHARTON County, State of TEXAS, on the 2 day of APRIL (month), 20 24 (year).

_____
Signature of Filer (Declarant)

FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER