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** NAME Date Received NICKNAME SHIFFIX 4 CANDIDATE / ADDRESS / PO BOX. **OFFICEHOLDER** 3004 Brothers Boulevard MAILING **ADDRESS** College station, TX 77845 Change of Address AREA CODE PHONE NUMBER EXTENSION CANDIDATE/ Postmarked Date **OFFICEHOLDER** 773 - 3132 (281)nn PHONE O MS / MRS / MR 6 CAMPAIGN MI TREASURER NAME SUFFIX Date Imaged Lancaster STREET ADDRESS (NO PO BOX PLEASE). APT / SUITE # STATE ZIP CODE 7 CAMPAIGN **TREASURER** 3097 Arapaho Ridge Drive College Station, TX 77845 **ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER EXTENSION 8 CAMPAIGN **TREASURER** PHONE (979) 220-9922 9 REPORT TYPE 15th day after campaign 30th day before election January 15 Runoff treasurer appointment (Officeholder Only) Exceeded Modified July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Day Day COVERED 10 THROUGH 2023 ELECTION DATE ELECTION TYPE 11 ELECTION Primary Runoff Other Month Description **X** General Special 13 OFFICE SOUGHT (if known) 12 OFFICE Place 7 College Statin School Board Place 7 College Statin School Board THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM 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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Geralyn	Α.	Nolan	16 Filer II	C (Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$		
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 2,340		
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$ —		
	4,	TOTAL POLITICAL EXPENDITURES		\$ 974,42		
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY	\$ 702.38		
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OI LAST DAY OF THE REPORTING PERIOD	THE	\$		
requ	18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder					
		Please complete either option below	/ :			
(1) Affidavit						
NOTARY STAMP/SEAL Sworn to and subscribed to certify to certify to signature of officer administerior.	which, yvi	this the the stress my hand and seal of office. ALT MICHEUR HOPN Printed name of officer administering oath	10th Not	day of OCTOBER. APP PUBLIC Title of officer administering oath		
	Ref	OR THE STATE OF TH				
(2) Unsworn Declaratio	F					
My name is		, and my date of birth is				
		··	,			
		(street) (city) (s County, State of, on theday of(month				
		Signature of Candid	ate/Officeh	older (Declarant)		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME Geralyn A Nolan 20 Filer ID (Ethics Co	ommission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1	SCHEDULE A1 MONETARY POLITICAL CONTRIBUTIONS	\$ 1,500.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 840.00
3	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1. POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 797.42
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	S
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G. POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 174.80
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	S
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 2
2 FILER NAME	Geralyn A Nolan	3 Filer ID (Ethics Commission Filers)
4 Date 8/2/23	5 Full name of contributor Out-of-state PAC (ID#) Blanche Brick	7 Amount of contribution (\$)
012123	6 Contributor address; City; State: Zip Code 1809 Foxfire Drive College Station, TX 77845	3.0.
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
8/2/23	Contributor address; City; State: Zip Code 4589 Sendera Court College Statim, TR 77845	\$ 500.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor Dut-of-state PAC (ID#) Laura Bay-Williams	Amount of contribution (\$)
8/5/23	Contributor address: City. State, Zip Code 9202 Whitney Court Cullege Station, TX 77845	\$50.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor	Amount of contribution (\$)
8/5/23	Contributor address; City: State; Zip Code 9202 Whitney Govrt COllec Statio, TX 77845	\$ 50.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	EEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1. 2
FILER NAME	Geralyn A. Nolan	3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor Out-of-state PAC (10#) Cindy Craigen	7 Amount of contribution (\$)
120/23	6 Contributor address; City; State: Zip Code 2401 Chillingham Court College Station, TR 77845	\$250.00
Principal occ	upation / Job title (See Instructions) 9 Employer (See Instru	ctions)
Date	Full name of contributor out-of-state PAC (ID#) RUSS Ford	Amount of contribution (\$)
15/23	Contributor address; City; State; Zip Code P.O. Box 100 Kurten, TX 77862	\$ 500.00
Principal occu	pation / Job title (See Instructions) Employer (See Instru	ctions)
Date	Full name of contributor Out-of-state PAC (10#) Tudy Levnes	Amount of contribution (\$)
15/23	Contributor address; City. State: Zip Code 1354 South Obus Drive CO1165e Station, TY 77845	\$ 100,00
Principal occu	ipation / Job title (See Instructions) Employer (See Instru	ctions)
Date	Full name of contributor	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	of aggregation and the second
Principal occu	pation / Job title (See Instructions) Employer (See Instru	ctions)
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tate PAC, please see Instruction guide for additional reporting require

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

if the requested information is not applicable, DO NOT include this page in the report.					
	The Instruction Guide explains how to complete this for	π.	1 Total pages Schedule A2:		
2 FILER NAME Geralyn A Nolan			3 Filer ID (Ethics Co	mmission Filers)	
4 TOTAL C	OF UNITEMIZED IN-KIND POLITICAL CONTRIL	BUTIONS	\$		
5 Date	Capsher Technology		8 Amount of Contribution \$	9 In-kind contribution description	
9/22/23			\$1840.00 Check if travel outsi	graphics de of Texas. Complete Schedule T	
10 Principal oc	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIA	AL)(See Instructions)	
12 Contributor	s principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JU	DICIAL) (See Instructions)	
14 Contributor	s employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)	
16 If contribute	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Date Full name of contributor out-of-state PAC (ID#) Amount of Contribution \$ In-kind contribution description Contributor address, City; State; Zip Code				
Principal oc	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	Check if travel outside of Texas Complete Schedule T er (FOR NON-JUDICIAL)(See Instructions)		
Contributor	s principal occupation (FOR JUDICIAL)	Contribu	tor's job title (FOR JU	DICIAL) (See Instructions)	
Contributor	s employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spous	se (if any) (FOR JUDICIAL)	
if contributo	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			eart this city and explanations are given a real processor day grade, given, explanation and a long	
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDI	I FAS MEEDED		

PLEDGED CONTRIBUTIONS

SCHEDULE B

1	he Instruction Guide explains how to complete this form.	1 Total pages Sche	Total pages Schedule B: NA Filer ID (Ethics Commission Filers)		
2 FILER NAM	Geralyn A Nolan	3 Filer ID (Ethics			
4 TOTAL C	F UNITEMIZED PLEDGES	\$			
5 Date	6 Full name of pledgor	8 Amount of Pledge \$	9 In-kind contribution description		
	7 Pledgor address; City; State; Zip	Code			
		Check if travel ou	Iside of Texas. Complete Schedule		
10 Principal or	ccupation / Job title (See Instructions) 11 Emp	loyer (See Instructions)			
Date	Full name of pledgor out-of-state PAC (ID#:	Amount of Pledge \$	In-kind contribution description		
	Pledgor address; City; State: Zip	Code			
		Check if travel out]. side of Texas. Complete Schedule 1		
Principal occ	cupation / Job title (See Instructions) Emp	loyer (See Instructions)			
Date	Full name of pledgor out-of-state PAC (ID#:	Amount of Pledge \$	In-kind contribution description		
	Pledgor address; City; State; Zip	o Code			
		Check if travel out	I. side of Texas. Complete Schedule I		
Principal oc	cupation / Job title (See Instructions) Emp	loyer (See Instructions)			
Date	Full name of pledgor out-of-state_PAC_(ID#:	Amount of Pledge \$	In-kind contribution description		
	Pledgor address; City; State; Zip C	ode			
		Check if travel out	To a side of Texas. Complete Schedule T		
Principal occ	cupation / Job title (See Instructions) Emp	loyer (See Instructions)			

LOANS SCHEDULE E

If the requeste	d information is not applicable, DO NO	T include this page in the re	port.
The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:
2 FILER NAME Ger	alyn A Nolan		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF U	NITEMIZED LOANS		\$
5 Date of loan		PAC (ID#	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
YN	Standard Administration		11 Maturity date
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)	American in the state of the contract and the contract an
14 Description of Col	lateral	Check if personal fund account (See Instruct	ds were deposited into political ions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupa	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender out-of-state	PAC (ID#)	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
Y N	oporation-parkitus		Maturity date
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Coll	ateral	Check if personal fund account (See Instruct	ds were deposited into political ions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State, Zip Code	
Principal Occupati	on (See Instructions)	Employer (See Instructions)	
If le	ATTACH ADDITIONAL COPI	IES OF THIS SCHEDULE AS NEE	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Grif/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

Candidate/Officeholder/Politica Credit Card Payment		Wages/Contract Labor Other (enter	Of District Fa category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Geralyn A Nolan	3 Filer ID	(Ethics Commission Filers)
4 Date 10/6/23	Geralyn A Nolan 5 Payee name Farrell Gjesdal Strategy	Group	in washing to refer the second file of the second significance and the second signific
6 Amount (\$) \$797.62	7 Payee address, 4040 Itighway 6 STE 200 College Startim, TX 77845	·	ate; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description door hangers a	id push cards
9 Complete ONLY if direct expenditure to benefit C/OH	(c) Check if travel outside of Toxas. Complete Schedule T Candidate / Officeholder name	Check if Austra, TX, officehol	Office held
Date	Payee name		
Amount (\$)	Payee address;	City, Sta	ate, Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
Discontinuos de 1934 y la companya de 1934 y	Check if travel outside of Texas. Complete Schedule T.	Chéck if Austin, TX, officeholi	der living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City; Sta	ate: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas Complete Schedule 1	Check & Austin TX, officehold	for 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	

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees
Food/Reversor Eynense Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Contributions/Donations Made B Candidate/Officeholder/Politica	Committee Legal Services	Printing Expense Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F2:	The Instruction Guide explains 2 FILER NAME Geralyn A Nolan	s now to complete this form.	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITER	IIZED UNPAID INCURRED OBLIG	BATIONS	\$
5 Date	6 Payee name	an ann an	
7 Amount (\$)	8 Payee address:	City:	State, Zip Code
9 TYPE OF EXPENDITURE	Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this s	(b) Description	
11 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	in. TX officeholder living expense Office held
Date	Payee name		
Amount (\$)	Payee address.	City;	State, Zip Code
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this s	chedule) Description	
	Check if travel outside of Texas. Complete Si	chedulaT Check if Au	stin, TX officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	, Office sought	Office held
and the second s	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEI	EDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

		1 Total pages Schedule F3.		
	he Instruction Guide explains how to complete this form.	NA		
2 FILER NAME	Geralyn A Nolan	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Name of person from whom investment is purchased			
	6 Address of person from whom investment is purchased: Cit	ry; State, Zip Code		
	7 Description of investment			
	8 Amount of investment (\$)			
Date	Name of person from whom investment is purchased			
	Address of person from whom investment is purchased; City	7; State; Zîp Code		
	Description of investment			
	Amount of investment (\$)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memonals 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 Qut Of District Other (enter a category not listed above)

nove exercised and the second and th	The Instruction Guide explains how to compl	ete this form.		
1 Total pages Schedule F4:	2 FILERNAME GLALYN A NOLAN		3 Filer ID (Ethics C	Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CREDI	ITCARD	\$	
5 Date	6 Payee name		м ассіна се до се со се 	An experimental residence (EST and a Communication and Annual Communication and Annual Communication (Communication) (Communic
7 Amount (\$)	8 Payee address;	City:	State,	Zip Code
9 TYPE OF EXPENDITURE	Political Non-Political			
10 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)) Description		
OF EXPENDITURE		endes gladeriden op versjeller. It olike versligt och de skille verkligt op verskalle sen og skillet sen op ve	rakilji i iliko arriki komo mislai in norazasini masinazaran vimana apomaja si mislai japan	andary makemba kudilandorum mah mahihilimendidik kerin dilakudidik perin-sak sak sak sak sak sak sak sak sak s
	(c) Check if travel outside of Texas Complete Schedule T	Check if Au	stin TX, officeholder living	expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office	sought	Office he	eld
Date	Рауее лате	ынбайнанды адамын а	The second discourse of the second se	антон до того объемо на предоставления на предоставления на предоставления на предоставления на предоставления
Amount (\$)	Payee address;	City;	State.	Zip Code
TYPE OF EXPENDITURE	Political Non-Politica	Į.		
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 Au	ustin, TX. officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office	sought	Office he	əld
	ATTACH ADDITIONAL COPIES OF THIS SCHE	DULE AS NE	EDED	

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/Memonals 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

Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment		Wages/Contract Labor	Travel Out Of District Other (enter a category	not listed above)
1 Total pages Schedule G	2 FILER NAME GURALYM A Nolan		3 Filer ID (Ethics (Commission Filers)
4 Date 10/3/23	5 Payee name Coρy Cornα			
6 Amount (\$) 4 52.23 Reimbursement from political contributions intended	7 Payee address; 2307 Texas Avenue College Statin, TX 77840	City:	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing expense	(b) Description	cords	mitter (der versteller) für mit die der verstellt der
	(c) Check if travel outside of Texas Complete Schedule T.	Check if Austin	TX, officeholder living exp	ense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	C	Office held
Date 10/3/23	Payee name Michaels			
Amount (\$) 470.76 Reimbursement from political contributions intended	Payee address, 1505 E University Drive College Statin TV 77840	City:	State.	Zip Code
PURPOSE OF EXPENDITURE	Category (See Cetegories listed at the top of this schedule) Advertising	Description Buttons		
	Check if travel outside of Texas. Complete Schedule T	Check if Austin	n. TX. officeholder living exp	ense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	C	Iffice held
Date 10/4/23	Payee name Michaels			
Amourit (\$) \$ W3.01 Reimbursement from political contributions intended	Payee address: 1505 E. University Drive Collge Station, TR 71840	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advotising	Description Butting		
	Check if travel outside of Texas Complete Schedule T.	Check if Austin.	. TX. officeholder living exp	ะกระ
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	O	ffice held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEED		

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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 Gitt/Awards/Memonal's Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Pmtling 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	o complete this form.			
1 Total pages Schedule H:	2 FILER NAME Geralyn A, Nolan		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Business name				
6 Amount (\$)	7 Business address;	City,	State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
	(c) Check if travel outside of Texas. Complete Schedule T	Check if Austin	. TX. officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held		
Date	Business name				
Amount (\$)	Business address;	City.	State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this achequie)	Description			
	Check if travel outside of Texas Complete Schedule T	Check & Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name PH	Office sought	Office held		
Date	Business name				
Amount (\$)	Business 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/C	Candidate / Officeholder name)H	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	DED		

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

The Instruction Guide explains how to complete this form.							
1 Total pages Schedule I	2 FILER NAME GCrahy A Nolan		3 Filer ID	(Ethics Co	ommission Filers)		
4 Date	5 Payee name	тыйт автом било обратовать на проговория обращения обращения обращения обращения обращения обращения обращения	n esterminin a state citif i la indication principus. Le des pone appen n'esterminis	mperitation according to the constitution of t	embulan com stil general diseateura à armains injenture q () qui le q diple a		
6 Amount (\$)	7 Payee address;	City	and the second	State	Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See required)	instructions regar	ding type of	information		
Date	Payee name	manarangan dan manggan di manarang dan dan di dan di dan di dan di dan di dan dan dan dan dan dan dan dan dan d		a a timo como em gran, por em caj ficialega e e enga y a espe			
Amount (\$)	Payee address.	City		State	Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for exemples of acceptable categories.)	Description (See required.)	instructions regar	ding type of	information		
Date	Payee name			AN ALL REPORTS TO THE STATE OF T	ti den er en		
Amount (\$)	Payee address;	City	Mainten schule (Charlescomments Authorized Authorized) und eine State (Charlescomment)	State	Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories)	Description (See required)	instructions regar-	ding type of	information		
Date	Payee name			er der der der der der der der der der d	andrakada - 1904 kadi adam mangkan mala meng pendipangkan pengan		
Amount (\$)	Payee address;	City		State	Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories)	Description (See required.)	instructions regard	ding type of	<i>i</i> sternation		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

	If the requested information is not applicable, bo Not include this page in the report.								
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	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

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3	SIGNA	ATURE	dillerentes "Egienbuch in scoropertificable				
	designa	t expect any further political contributions or political expenditures in connection with my candidacy. I understand that atting a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept a gn contributions or make any campaign expenditures without a campaign treasurer appointment on file.	any				
		Signature of Candidate / Officeholder					
4 FILER WHO IS NOT AN OFFICEHOLDER •• Complete A & B below only if you are not an officeholder. ••							
	A.	CAMPAIGN FUNDS					
	Chec	k only one:					
		I do not have unexpended contributions or unexpended interest or income earned from political contributions.					
		I have unexpended contributions or unexpended interest or income earned from political contributions. I understand to may not convert unexpended political contributions or unexpended interest or income earned on political contribution personal use. I also understand that I must file an annual report of unexpended contributions and that I may not unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.	ons to retain er				
	B.	ASSETS					
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I do not retain assets purchased with political contributions or interest or other income from political contributions.							
	Same are not only	I do retain assets purchased with political contributions or interest or other income from political contributions. I under that I may not convert assets purchased with political contributions or interest or other income from political contribution personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with requirements of Election Code, § 254.204.	ns to				
		Signature of Candidate					
5		EHOLDER uplete this section only if you are an officeholder ••					
		I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.	as				
		Signature of Officeholder					