	TE / OFFICEHOLDER N FINANCE REPORT	(jul )	FORM C/OH COVER SHEET PG 1
The C/OH Instruction 6	Guide explains how to complete this form.	(Ethics Cambission Filers)	2 Total pages filed
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST MS. Geralyn	A	OFFICE USE ONLY  Date Received
MONTH OF THE PARTY	NICKNAME LAST NOLAN	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX APT / SUITE # CITY S 3004 Brothers Blud Collac Station TX 77845	STATE. ZIP CODE	JAN 2 4 2004 or Postmarked  Date Land Office
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (281 ) 773 - 3132	EXTENSION	Date Hand-delived or Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MS Paula	MI	Date Processed
	NICKNAME LAST Law caster	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE). APT / SUITE #  3097 Arapaho Ridge Dri Collae Statia TX 77845	CITY	STATE: ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER E	XTENSION	
9 REPORT TYPE	July 15 Sth day before election	Runoff  Exceeded Modified	15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 10 / 31 / 2023 THROUG	Reporting Limit  Month	Day Year / 22 / 2024
11 ELECTION	Month Day Year Primary Runoif	Description	
12 OFFICE	Place 7 College Storm School Band Pl	OFFICE SOUGHT (if known)	c Status School Bond
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR PO THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THE COMMITTEE TYPE COMMITTEE NAME	MADE WITHOUT THE CAND	IDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
Additional Pages	GENERAL COMMITTEE ADDRESS		
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME		
	COMMITTEE CAMPAIGN TREASURER ADDR	ESS	
	GO TO PAGE 2		

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 2

15 C/OH NAME Craly	n A	Nolan		16 Filer	ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1.		TICAL CONTRIBUTIONS (OTHER THA ARANTEES OF LOANS, OR LECTRONICALLY)	AN	\$ 0,00
	2.	TOTAL POLITICAL CONT (OTHER THAN PLEDGES, L	RIBUTIONS OANS, OR GUARANTEES OF LOANS	S)	\$ 0.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLIT	ICAL EXPENDITURE		\$
	4.	TOTAL POLITICAL EXPE	NDITURES		s <b>GCOLO</b> E4.10
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIE OF REPORTING PERIOD	BUTIONS MAINTAINED AS OF THE L	AST DAY	\$ 0.00
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT LAST DAY OF THE REPORT	OF ALL OUTSTANDING LOANS AS ING PERIOD	OF THE	\$ 0.00
18 SIGNATURE I s	wear, or af	firm, under penalty of perjury	, that the accompanying report is tr	ue and cor	rect and includes all information
		reported by me under Title 15			
			a P		
			17		
			Signature of C	Candidate c	or Officeholder
		Please com	plete either option belo	VA/*	
				v = 4	
(1) A STA	IICHELLE Hotary Public TE OF TEX 12423496- 1. Exp. Jun. 0	AS			
Sworn to and subscribed	before me	by GERALYN NO	LAN this the	244	day of JANUARY.
2.1		ess my hand and seal of office.		-	day of Orgoverior.
Michael Michael	on Ho	A M CART MILE.	Land	1/0-	and Durania
Signature of officer administer	ring oath	Printed name of	officer administering oath	NOT	Title of officer administering oath
,		Timed hame or	OR		The of officer administering data
/2) Unavyana Daglavetia	MALE		OR STATE OF THE PARTY OF THE PA	de a di Sera i	
(2) Unsworn Declaration	) [ ]				
My name is			, and my date of birth i	\$	
		(street)		(state) (	zip code) (country)
Executed in	С				20
			on the day of(months	th)	(year)
			Signature of Cand	idate/Office	holder (Declarant)

### SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

19	Grah A Volan	Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	S
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	s
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	s
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
range L	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	S
10	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	ş
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	S

### MONETARY POLITICAL CONTRIBUTIONS

### SCHEDULE A1

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

			<b>B</b>
The	Instruction Guide explains how to com	plete this form.	1 Total pages Schedule A1:
2 FILER NAME	Geralm A Wolan		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-	of-state PAC (ID#	7 Amount of contribution (\$)
	6 Contributor address: Cit		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Ins	tructions)
Date	Full name of contributor	of-state PAC (ID#	Amount of contribution (\$)
	And the second s	y. State, Zip Code	
Principal occur	ation / Job title (See Instructions)	Employer (See Inst	ructions)
Date	Full name of contributor Dout of	of-state PAC (ID#	Amount of contribution (\$)
	Contributor address; City	r; State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Inst	ructions)
Date	Full name of contributor	f-state PAC (ID#	Amount of contribution (\$)
	Contributor address; City	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Inst	ructions)
От техничности при выденить на населения на при на населения на на населения на населения на населения на населения на			
- PTI-100 at 100 at			
	ATTACH ADDITIONAL C	OPIES OF THIS SCHEDULE AS	

Forms provided by Texas Ethics Commission

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A2: M A
2 FILER NAME Globalom A Nolan	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUT	ions \$
5 Date 6 Full name of contributor Out-of-state PAC (ID#	8 Amount of 9 In-kind contribution Contribution \$   description
7 Contributor address, City; State; Zip (	Check if travel outside of Texas, Complete Schedule 1
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11	Employer (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL) 13	Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL) 15	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
Date Full name of contributor Out-of-state PAC (ID#	Amount of In-kind contribution Contribution \$ description
Contributor address; City; State; Zip t	Code   Check if travel outside of Texas Complete Schedule T
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	

### PLEDGED CONTRIBUTIONS

### SCHEDULE B

The	Instruction Guide explains how to complete this form.	1 Total pages Sche	dule B. N/A
2 FILER NAME	cralyn A Nolan	3 Filer ID (Ethics (	Commission Filers)
4 TOTAL OF	UNITEMIZED PLEDGES	\$	
5 Date	6 Full name of piedgor	8 Amount of Pledge \$	9 In-kind contribution description
		·	I I. side of Texas, Complete Schedule I
10 Principal occ	upation / Job title (See Instructions) 11 Employer (S	See Instructions)	
Date	Full name of pledgor	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code	A Common and a Com	s. Hinter of the second of the
		Check if travel outs	,   .   ide of Texas Complete Schedule T
Principal occu	pation / Job title (See Instructions) Employer (S	See Instructions)	
Date	Full name of pledgor	Amount of Pledge \$	in-kind contribution description
	Pledgor address, City; State, Zip Code	Account of the second	
			I de of Texas. Complete Schedule T
Principal occi.	ipation / Job title (See Instructions) Employer (S	See Instructions)	
Date	Full name of pledgor	) Amount of Pledge \$	In-kind contribution description
	Pledgor address: City: State, Zlp Code		
		Check if travel outs	I ide of Texas. Complete Schedule T.
Principal occup	pation / Job title (See Instructions) Employer (S	ee Instructions)	

## LOANS SCHEDULE E

and the second s	If the requester	d information is not applicable, DO NO	T include this page in the re	port.
	The	Instruction Guide explains how to compl	lete this form.	1 Total pages Schedule E:
2	2 FILER NAME Geraly A Notan			3 Filer ID (Ethics Commission Filers)
4	TOTAL OF UN	NITEMIZED LOANS		\$
5	Date of loan	7 Name of lender	PAC (ID#)	9 Loan Amount (\$)
6	Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate  11 Maturity date
12	Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)	
14	Description of Coll	ateral	15 Check if personal fundaccount (See Instruct	ds were deposited into political ions)
16	GUARANTOR INFORMATION	17 Name of guarantor	L	19 Amount Guaranteed (\$)
	not applicable	18 Guarantor address, City;	State: Zip Code	
20	Principal Occupal	ion (See Instructions)	21 Employer (See Instructions)	Monomer and a great and a state of the state
	Date of loan	Name of lender out-of-state I	PAC (ID#	Loan Amount (\$)
	Is lender a financial Institution?	Lender address; City;	State: Zip Code	Interest rate
lan silm kuji jaknaran	Y N			Maturity date
	Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
ergeneration erg.	Description of Colla	ateral	Check if personal fund account (See Instruction	ds were deposited into political ons)
	GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	not applicable	Guarantor address; City;	State; Zip Code	
rin Alauga viria	Principal Occupation	on (See Instructions)	Employer (See Instructions)	
Main and Main and Albert Alber	If le	ATTACH ADDITIONAL COPI nder is out-of-state PAC, please see Ins	ES OF THIS SCHEDULE AS NEE truction guide for additional rep	

Forms provided by Texas Ethics Commission

## 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 Oift/Awards/Memonals Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Solicitation/Fundraising Expense

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME  GWAY A VOIAN  5 Payee name	Northe (Melliphia delevia) in 1970 Western (Europhia) delevia mener estent conference estent delevia (europhia	3 Filer ID (Ethics Commission Filers)
4 Date 1/24/24	5 Payee name Geroly Nolam	ara da mana ang ara ng arabigan mang apapa da mana arabigan da mana arabigan da mana ang apapan ang apapan ang	
6 Amount (\$) 86.10	5 Payee name Geralm Nolan 7 Payee address 3001 Brotners Blud Collese Statu 17 7784	City;	State: Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories fisted at the top of this schedule)  PEIMBURS COMBUT	(b) Description	
ченто бот эт та периодинательного наружения в простительного поставления в простительного простительного поста В притенто простительного простительного поставления в притентовательного притентовательного притентовательного поставления в притентовательного притентов	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austri	n TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	til och dem eller vin i ser eller vin det eller vin	
Amount (\$)	Payee address,	City;	State Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this achequia)	Description	
e de la companya del la companya de la companya del la companya de	Check if travel outside of Texas. Complete Schedule T	Check if Austin	t. TX, officaholder 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.	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 sving 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

### **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)

Advertisina Expensa

Accounting/Banking Consulting Expense Contributions/Donations Made E		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/Politic	al Committee Legal Services The Instruction Guide explain	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
1 Total pages Schedule F2:	2 FILER NAME GCraly A Nolan	у турантын ү ментиндектин ү мөмүйөн мембуйн үүүл түүл түүл түйн өтилгийн отуулуу туруунун оруун оруун түүлө мө	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITER	MIZED UNPAID INCURRED OBLIC		\$
5 Date	6 Payee name	од на достовно в бого продости по до всем фото на постоя на села на постоя на постоя на постоя достов на посто	A second control of the control of t
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 t	(b) Description	
n transporterung various for the shareful of confidence to a confidence of the confi	(c) Check if travel outside of Texas. Complete Sc	hedule T. Check if Aus	itin, TX. officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	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	ichedule) Description	
	Check if travel outside of Texas Complete Si	cheduleT	stin 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	EDED

## PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F3

The In	1 Total pages Schedule F3.	
2 FILER NAME	an 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	y. 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	; State; Zip 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 Gitt/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 Out Of District

Candidate/Officeholder/Politic		
1 Total pages Schedule F4:	2 FILER NAME Geralyn A Nolan	3 Filer 1D (Ethics Commission Filers)
4 TOTAL OF UNITEN	NIZED EXPENDITURES CHARGED TO A CREDIT CARE	\$
5 Date	6 Payee name	
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 schedule) (b) Description	ion
en markani (n) trens and trens (n)	(C) Check if travel outside of Texas Complete Schedule T Chec	s if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought	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 schedule) Descripti	ion
	Check if travel outside of Texas Complete Schedule T Chec	ck if Austin, TX, afficeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	SNEEDED

## 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
Candidat/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 (enter a category not listed above)

Gredit Gard Payment	The Instruction Guide explains how to	o complete this form.	
1 Total pages Schedule G:	2 FILER NAME GERALYA A VOIAN	Transfer to the section of the secti	3 Filter ID (Ethics Commission Filters)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address;	City;	State, Zip Code
Reimbursement from political contributions intended			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
and the second second contract of commence of the second s	(c) Check it 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	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address,	City(	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories asted at the top of this schedule)	Description	
:	Check of 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	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	Gity;	State: Zip Code
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Chack it insvetousside of Texas. Complete Schedule T	Check if Austin.	TX, afficeholder 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 S	SCHEDULE AS NEEDE	ED .

# 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 Oft/Awards/Memorials Expense Légal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Printing Expense Travel Out of District
Salaries/Wages/Contract Labor Other (enter a cate

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not fisted above)

Credit Card Payment	The Instruction Guide explains how	to complete this form.	
1 Total pages Schedule H: NA	2 FILER NAME GURLY A Volan		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 afficeholder tiving expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	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 ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Business name	THE Committee (Committee Committee Committee Committee Committee Committee Committee Committee Committee Commi	
Amount (\$)	Business address,	City, State; Zip Co	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
N.O.	Check if travel outside of Texas Complete Schedule T.	Check if Austra	TX, officeriolder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name ł	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	ED

# 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  Boray A Nolar		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address:	City	State Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See required )	instructions regarding type of information	
Date	Payee name			
Amount (\$)	Payee address;	City	State Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See ) required.)	nstructions regarding type of information	
Date	Payee name			
Amount (\$)	Payee address;	City	State Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See a required.)	nstructions regarding type of information	
Date	Payee name			
Amount (\$)	Payee address;	City	State Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See #	istructions regarding type of information	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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

### SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule K
2 FILER NAME	Geraly A Nolan	3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom amount is received	8 Amount (\$)
	6 Address of person from whom amount is received; City. Stat	te: Zip Code
ant in the state of the state o	7 Purpose for which amount is received Check if	political contribution returned to filer
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received: City: Sta	te, Zip Code
	Purpose for which amount is received Check if p	political contribution returned to filer
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State	e: Zip Code
	Purpose for which amount is received Check if p	political contribution returned to filer
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; Stat	de: Zip Code
	Purpose for which amount is received	olitical contribution returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

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

### SCHEDULE T

		~~			
The Instruction Guide explains how to complete this form.			1 Total pages Schedule T:		
2 FILER NAME GEVALYN A NOLAN 3 FILER ID (Ethics C			3 Filer ID (Ethics Commission Filers)		
4 Name of Contributor /	Corporation	or Labor (	Organization / Pledgo	r / Payee	
5 Contribution / Expendit	ture renorte	d on:	on ne villa ord e van de robber primer de Laderen in met til årende plan bestide sje opplyste en og ekker provinser en sed st	t direction with the translation of the translation are of the translation of the transla	
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Schedule A2	Sch	edule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1
Schedule F2	Sch	edule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS
6 Dates of travel	7 Name o	f person(s	) traveling		
	8 Departure city or name of departure location				
The state of the s	9 Destinat	ion city or	name of destination	location	
Si haya ali Sumonoo					
10 Means of transportation		11 Purpo	ose of travel (includin	g name of conference	, seminar, or other event)
Name of Contributor / 0	Corporation	or Labor C	Organization / Pledgo	r / Payee	
Contribution / Expendit	ure reported	i on:	etigat <del>al Petit in Th</del> ongo-beneral et di alli di ancientation de di di all'indication de di di ancientation de di I		
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Schedule A2	Schedu	le B	Schedule B(J)	Schedule C2	Schedule D Schedule F1
Schedule F2	Schedu	le F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS
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	Destination city or name of destination location				
	Joseph	on only or i	rame or destriation is	ocanon	
Means of transportation	Means of transportation Purpose of travel (including name of conference, seminar, or other event)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

militari di Salamina kana malikusta asa asa akapita masa.	
	The Instruction Guide explains how to complete this form.
	•• Complete only if "Report Type" on page 1 is marked "Final Report" ••
1 C/O	NAME 2 Filer ID (Ethics Commission Filers)
	Geralyn A Nolan
3 SIGI	VATURE 0
desig	not expect any further political contributions or political expenditures in connection with my candidacy. I understand that inating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any paign contributions or make any campaign expenditures without a campaign treasurer appointment on file.  Signature of Candidate / Officeholder
	RWHO IS NOT AN OFFICEHOLDER omplete A & B below only if you are not an officeholder. ••
A.	CAMPAIGN FUNDS
Ch	eck only one:
13	1 do not have unexpended contributions or unexpended interest or income earned from political contributions.
Beneficial to automotive the second	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain 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.
B.	ASSETS
Che	ck only one:
7	I do not retain assets purchased with political contributions or interest or other income from political contributions.
	I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.
	Signature of Candidate
	CEHOLDER  mplete this section only if you are an officeholder ••
Secretary of the secret	I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as 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.
	Signature of Officeholder