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 FIRST MI MS. Geralyn A	OFFICE USE ONLY
IVAIVIE.	NICKNAME LAST SUFFIX NO I AM	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX, APT / SUITE # CITY STATE, ZIP CODE 3004 Brotness Blvd. College Station, TR 7.7845	RECEIV OCT 3 0 2
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 773 - 3132	Date and description of the Postmarked
6 CAMPAIGN TREASURER NAME	MS. Paula MI	Date Property M
	NICKNAME LAST SUFFIX LAM CASTER	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	3097 Arapaho Ridge Prive College Statem, TX TIBUS	STATE ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (979) 220-9922	
9 REPORT TYPE	January 15 30th day before election Runoff July 15 8th day before election Exceeded Modified Reporting Limit	I5th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year Month 10	Day Year / 30 / 2023
11 ELECTION	Month Day Year Primary Runoff Description 1	
12 OFFICE	PLACE 7 College Statem School Board PLACE 7 College S	Statin School Board
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MATHE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THE COMMITTEE TYPE COMMITTEE NAME	DATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
, managed and a second	GENERAL COMMITTEE ADDRESS	
Additional Pages	SPECIFIC 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 GCALY	n A.	Nolan	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)	\$	
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	-\$	(100.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	
	4.	TOTAL POLITICAL EXPENDITURES	S	5,457.69
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$	5,457.69 214.37
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	F THE \$	
18 SIGNATURE I s	wear, or at	firm, under penalty of perjury, that the accompanying report is true	e and correct	and includes all information
req	uired to be	reported by me under Title 15, Election Code.		
		$\sim \rho$		
		14		
		Signature of Ca	indidate or O	fficeholder
		F*3.1		
Please complete either option below:				
Nota STATE	HELLE HO iry Public OF TEXAS 2423496-1 ixp. Jun. 04,	2026		
Sworn to and subscribed	before me	by GERALYN NOLAN this the	30 th da	by of OCTOBER.
2A 23 . to certify	which with	ess my hand and seal of office.		
Mr. Michel	lo to	IN CART MICHELLS HOPN	NoTARY	Public
Signature of officer administer	ing oath	Printed name of officer administering oath	Title	of officer administering oath
		OR		
(2) Unsworn Declaration	on			4.00
My name is		, and my date of birth is		
			state) (zip o	code) (country)
Executed in	C			and the second s
		County, State of, on theday of(month)	(year)
		Signature of Candid	late/Officehold	ler (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	Filer ID (Ethics Commission Filers)	
	Geralyn A Nolan	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 410.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 190.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E LOANS	\$
5	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTR	RIBUTIONS \$ 894.01
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	S
7	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CO	NTRIBUTIONS \$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 4,54.68
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BU	SINESS OF C/OH \$
11	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTI	RIBUTIONS \$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	S RETURNED \$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.						
The	The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:					
2 FILER NAME	lyn A Nolan	3 Filer ID (Ethics Commission Filers)				
4 Date	5 Full name of contributor out-of-state PAC (ID# TESSA Wright 6 Contributor address, City, State, Zip Co 4412 Regal Ooks Pr Collect Station TX 77845 apation / Job title (See Instructions) 9 Employer (See	1 250.00				
Date	Full name of contributor Out-of-state PAC (ID#	Amount of contribution (\$)				
10/17/23	Contributor address; City; State; Zip Co 1914 Norword Lanc State Calese, pa 16803	# 40.00				
Principal occu	Secretaria de la constitución de	e Instructions)				
Date 10/18 23	Full name of contributor Out-of-state PAC (10#	•				
10 10 25	Contributor address; City: State; Zip Con 2506 Brothers Blvd College State TI 77845	₫ 100.00				
Principal occu		e Instructions)				
Date	Full name of contributor	4				
b/25/23	Contributor address; City; State; Zip Coo	# 20.50				
Principal occup	pation / Job title (See Instructions) Employer (See	e Instructions)				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

CONTRIBUTIONS				
If the requested information is not applicable, DO NOT include	de this page	in the report.		
The Instruction Guide explains how to complete this for	rm.	1 Total pages Sched	dule A2:	
2 FILER NAME Gerahm A Nolan		3 Filer ID (Ethics C	ommission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRI	IBUTIONS	\$		
5 Date 6 Full name of contributor out-of-state PAC (ID#	8 Amount of Contribution \$	9 In-kind contribution description Spaces at		
10/25/23 7 Contributor address, City; State; 1350p South cales Drive College Station 14 77845	Zip Code	Amount of the second of the se	meot + greet Ide of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDIC	IAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contrib	utor's job title (FOR JU	JDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	use (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		teritorio de Antonio de Millende de Roma de Maria de Antonio de Antonio de Antonio		
Date Full name of contributor out-of-state PAC (ID# Tessa and Cay Wright	- Michael Central Andréa de Carles (Alberta Carles (Alberta Carles (Alberta Carles (Alberta Carles (Alberta Ca Maria Carles (Alberta Carles (A	Amount of Contribution \$	In-kind contribution description Meet adsrect	
Contributor address. City: State: 4412 Regal calls Drive Collect States TR 77845	Zip Code	\$ LO.00 Check if travel outs	I 6nacks Ide of Texas. Complete Schedule T	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI	AL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)	Contribu	itor's job title (FOR JU	JDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)	Law firm	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			о обвеждения на под от на Монгосов бого и обязания политических проструктую постоя выполнения под проструктую постоя выполнения под постоя	
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ATTACH ADDITIONAL COPIES OF 1 If contributor is out-of-state PAC, please see Instruct			a requirements	

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form. 2 FILER NAME Geralyn A Molan		1 Total pages Sche	1 Total pages Schedule B.	
		3 Filer ID (Ethics	Commission Filers)	
	F UNITEMIZED PLEDGES	mikantari eta 18 dilengilari eta 14 dia arta 16 kuntus gara ikataki urun arta 18 dia arta 18 dia arta 18 dia a	\$	
5 Date	6 Full name of pledgor out-of-state PAC (ID#		8 Amount of Pledge \$	9 In-kind contribution description
	7 Pledgor address: City: Stat	e: Zip Code		
10 Principal co	cupation / Job title (See Instructions)	A Transfer on the Control of the Control	and a second contract of the second contract	side of Texas. Complete Schedule 1
10 Finicipal oc	cupation / Job title (Gee instructions)	11 Employer (See	mstructions)	
Date	Full name of pledgor out-of-state PAC (ID#		Amount of Pledge \$	In-kind contribution description
	Pledgor address, City; Stat	e; Zip Code	•	ton our area
ar 15 can ann agus haire, gallan águs es proprieta de contra como do des historio de capado se proprie			Check if travel outs	t. side of Texas. Complete Schedule T
Principal occ	supation / Job titlé (See Instructions)	Employer (See	instructions)	
Date	Full name of pledgor out-of-state PAC (ID#		Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; Stat	e; Zip Code	-	
			Check if travel outs	, I ide of Texas. Complete Schedule T
Principal occ	cupation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor out-of-state PAC flD#		Amount of Pledge \$	In-kind contribution description
	Pledgor address; City: State;	Zip Code	- T-	· •
			Check if travel outs	lide of Texas. Complete Schedule T
Principal occ	upation / Job title (See Instructions)	Employer (See	Instructions)	
		een margeren vergen van verge met gewonde vergen vergen de maar zoer verde vergen verde verde verde verde verd De vergen verde verde vergen verde verd	той дом обосновной этом верхного составления по поставления в составления в составлен	ti ferote and en de se processo de mero en minio puning las motos se reconse a consecto de minio en municipal de motos de la companya de motos de mandre de la companya de motos de la companya de motos de la companya de motos de la companya del la companya de la companya del la companya de la companya de la companya del la companya de la companya del la companya d

LOANS			SCHEDULE E			
If the requeste	port.					
The Instruction Guide explains how to complete this form.			Total pages Schedule E			
2 FILER NAME BURK	r A Nolan		3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UI	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			11 Maturity date			
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)	ala de la constanta de la cons			
14 Description of Col	lateral	Check if personal fundaccount (See Instruct	ds were deposited into political ions)			
16 GUARANTOR INFORMATION	17 Name of guarantor	A	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 F	PAC (IB#)	Loan Amount (\$)			
Is lender a financial Institution?	Lender address, City,	State; Zip Code	Interest rate			
Y N			Maturity date			
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)				
Description of Collateral none		Check if personal fund account (See Instruction	ds were deposited into political ions)			
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)			
☐ not applicable	Guarantor address; City;	State; Zip Code				
	on (See Instructions)	Employer (See Instructions)				
uudelinet maatuut mitteet kan	ATTACH ADDITIONAL CORI	ES OF THIS SCHEDULE AS NEE	ATTACH ADDITIONAL COPIES OF THIS SCHEDUL F AS NEEDED			

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

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 Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Sclicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	, and g	Nages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1	2 FILER NAME Gerahm A Nolan	3 Filer ID (Ethics Commission Filers)
4 Date 10/10/23	Geralyn A Volan 5 Payee name Fnnovative Solutions	
6 Amount (\$)	7 Payee address;	City: State; Zip Code
\$ 854.01	1737 Steblans Drive Itouston TX 77413	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	Advertising Expense	4x4 political signs
	(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/OH	Candidate / Officeholder name i	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address,	City; State, Zip Code
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		
OF EXPENDITURE		
	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	
Amount (\$)	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories fisted at the top of this schedule)	Description
- Control of the Cont	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	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) Event Expense

Advertising Expense Accounting/Banking

Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel In District Travel Out Of District Other (enter a category not listed above)
To the control of the	The Instruction Guide exp	lains how to complete this form.	
1 Total pages Schedule F2:	2 FILER NAME GORALD A WOLON		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITER	MIZED UNPAID INCURRED OB	LIGATIONS	\$
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	
	(c) Check if travel outside of Texas. Comple	rie Schedule T Check if Aus	stin, TX, afficeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	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) Description	
	Check if travel outside of Texas Compl	leie Schedule T Check if 'Au	istin, TX. officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

		he Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:		
2	FILER NAME GOOD	m 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: City	; 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

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	al Committee Legal Services	Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Mages/Contract Labor	Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
er vironista de vironine popolicia e de destrolò consista di esterno e consista de moderno della consuma de vironi de moderno con con con con con con con con con c	The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F4.	2 FILER NAME Goraly Nolan		3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$		
5 Date	6 Payee name				
7 Amount (\$)	8 Payee address;	City;	State; Zip Code		
9 TYPE OF EXPENDITURE	Political	Non-Political			
10	(a) Category (See Categories listed at the top of this	schedule) (b) Description			
PURPOSE OF EXPENDITURE					
	(c) Check if travel outside of Texas. Complete:	Schedule T Check of Au	stm, TX, officenalder 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) Description			
	Check if travel outside of Texas. Complete:	ScheduleT Check if Au	istm TX, afficehalder 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					

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

от распорти на принципа на принципа на принципа на принципа на принципа на принципа на постори на принципа на п	* EXPENDITURE CATEGORI	ES FOR BOX 8(a)	tables construction of the supplemental physical confidence and the phase construction of the supplement of the supplemental confidence and the supplemental c
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Mac Candidate/Officeholder/Pol Credit Card Payment	Fees Offic Food/Beverage Expense Pollin te By Gift/Awards/Memonals Expense Print	Repayment/Reimbursement e Overhead/Rental Expense ng Expense ing Expense ries/Wages/Contract Labor r to complete this form.	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 G	2 FILER NAME BOTAL A Nolan		3 Filer ID (Ethics Commission Filers)
4 Date 10/16/23	5 Payee name Amazon. com		
6 Amount (\$) # Lel.99 Political contributions intended	7 Payee address;	City;	State, Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description yard Sign	stakes
	(c) Check if travel outside of Texas. Complete Schedule T	Check if Austra	TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 10 19 23	Payee name Amazon . com		
Amount (\$) 3 C1.99 Reimbursement from political contributions intended	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories issted at the top of this schedule) Advertisin Cyperse	Description yard Sig	sn stakes
	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		Office sought	Office held
Date 0 30 23	Farren Gjesdal Strate	gy Group	
Amount (\$) § 4, 437.70 Reimbursement from political contributions intended	Farren Bjesdal Strate Payee address: 4040 Itishway 6 STE College Statim, TX 7	200 ^{City:} 1845	State. Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Experse	Description Mailers	
The state of the s	Check if travel outside of Texas Complete Schedule T	Check 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 NEEDED

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

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 categor

Credit Card Payment	The Instruction Guide explains how t	o complete this form.	,		
1 Total pages Schedule H:	2 FILER NAME Geraha Nolan		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Business name	Talletten eil gelden bleist den konstruktur fürstig der heilte die den verste und en schreiden zu er zwei en consulere en en sie			
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 Schadule T.	Check if Austin.	TX. officeholder living expense		
9 Complete ONLY 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				
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, officiatiolder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule 1.	2 FILER NAME GURALY NOTAN		3 Filer ID (Ethics Co	ommission Filers)
4 Date	5 Payee name			TOAT THE VERTICAL OF A STATE OF A
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)	matructions regarding type of	f information
Date	Payee name			Marylman kateratana eteratana (na ejarren yezpanaja) yili eteroky
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories)	Description (See required.)	instructions regarding type of	t 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.)	instructions regarding type of	information
Date	Payee name			And Andrews (Province Propince and Andrews Andrews (Andrews (Andre
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required)	instructions 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	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; Sta	te, Zìp Code			
	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	ate Zip Code			
	Purpose for which amount is received Check if	political contribution returned to filer			
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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

SCHEDULE \mathbb{T}

The Instr	uction Guid	e explains	s how to complete	this form.	1 Total pages Schedule T:	ANGENYEINE PARTE
² FILER NAME GO	ralyn f	4 No	lan		3 Filer ID (Ethics Commission Filers)	(Annual of the Control of the Contro
4 Name of Contributor	/ Corporation	or Labor (Organization / Pledgo	or / Payee		
5 Contribution / Expend	diture reporte	d on:		n menesari gitang seun sebasai piliku seban sebasari semulan ika mmelanda sebasari sebasai sebasaji kepasalian		Security
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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	Dates of travel 7 Name of person(s) traveling					
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10 Means of transportat	tion	11 Purp	ose of travel (including	ng name of conference,	seminar, or other event)	
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Means of transportat	Means of transportation Purpose of travel (including name of conference, seminar, or other event)					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						
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CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

		The Instruction Guide explains how to complete this f	orm.			
	***************************************	•• Complete only if "Report Type" on page 1 is marked "Fi	nal Report" ••			
1	C/OH1	NAME	2 Filer ID (Ethics Commission Filers)			
3	SIGNATURE					
	designa	ot expect any further political contributions or political expenditures in connection with lating a report as a final report terminates my campaign treasurer appointment. I also light contributions or make any campaign expenditures without a campaign treasurer a	understand that I may not accept any			
		Signat	ture 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	ck 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 or unexpended interest or income personal use. I also understand that I must file an annual report of unexpended unexpended contributions or unexpended interest or income earned on political confiling this final report. Further, I understand that I must dispose of unexpended politicals or income earned on political contributions in accordance with the requirement.	come earned on political contributions to I contributions and that I may not retain ntributions longer than six years after itical contributions and unexpended			
	B.	ASSETS				
	Check only one:					
		I do not retain assets purchased with political contributions or interest or other inco	me from political contributions.			
	I do retain assets purchased with political contributions or interest or other income from political contributions. I use that I may not convert assets purchased with political contributions or interest or other income from political contributions personal use. I also understand that I must dispose of assets purchased with political contributions in accordance requirements of Election Code, § 254,204.					
			Signature of Candidate			
5		SEHOLDER Inplete this section only if you are an officeholder ••				
		I am aware that I remain subject to filing requirements applicable to an officeholder who file. I am also aware that I will be required to file reports of unexpended contributions an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	if, after filing the last required report as			
			Signature of Officeholder			