CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Guide explains how	to complete this form.	1 Filer ID (Ethics Com	mission Filers)	2 Total pages fi	ed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR ARS.	FIRST	·	MI A	OFFICE	USE ONLY
NAME	NICKNAME	LAŞT		SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX	Devinger APT / SUID#: 2RIHSLOOP	CITY; STATE;	ZIP CODE		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (1/3)	PHONE NUMBER	EXTENSION		Date Hand-delivered	or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST	***************************************	MI >	Receipt #	Amount \$
NAME	MR	James			Date Processed	
	NICKNAME	MILLNOA		SUFFIX	Date Imaged	
7 CAMPAIGN	STREET ADDRESS	(NO PO BOX PLEASE); APT / S			STATE;	ZIP CODE
TREASURER ADDRESS (Residence or Business)	531 Blue	Sky Lane	Wimber	lay	TX	78676
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION	······································		
TREASURER PHONE	(512)	468-918				
9 REPORT TYPE	January 15	30th day before	election Runoff	:	15th day a treasurer a (Officeholde	
	July 15	8th day before el	ection	led Modified ing Limit		rt (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year		Month	Day 22 Yea	r
COVERED	16	6/2024	THROUGH	10 /	/22/2	440
11 ELECTION	ELECTION DA		[]	ECTION TYPE		
	Month Day	Year Primary	Runoff	Other Description		
	11/5/	2014 A General	Special			
12 OFFICE	OFFICE HELD (if any)		WISD	-	ee Plac	e V
14 NOTICE FROM POLITICAL THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MEDITURES MEDITU					ADE BY POLITICAL CO	MMITTEES TO SUPPORT DER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -			
Additional Pages	GENERAL COMMITTEE ADDRESS					
	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME			
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS			
	1	COTO	PAGE 2			
		GO 10	FAGE &			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	16 Filer	r ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 406.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,751.17
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	\$
	wear, or affirm, under penalty of perjury, that the accompanying report is true and co quired to be reported by me under Title 15, Election Code.	prrect and includes all information
100	quired to be reported by the under this to, Election Gode.	
)
	Signature of Candidate	or Officeholder
	Please complete either option below:	
	riease complete ettilei option below.	
J. J	ASHLEY MARIE BUSE	
	Notary Public, State of Texas	
(1) Affidavit	Comm. Expires 08-22-2028	
	流流。 Notary ID 135053135	
	1	
NOTARY STAMP/SEA	L	
	1 Sind Falor Danis All	A CHANA.
Sworn to and subscribed	before me by Willy Villa Villa this the 72	day of OUOPW,
/ // 1 1.	which, witness my hand and seal of office.	
#(1/1)	in these Ashley Buse Exec.	AZCH to CUMUNIATURAL
		Title of officer administrating onth
Signature of officer administe	ring@ath Printed name of officer admirlistering oath	Title of officer administering oath
	OR .	
(2) Unsworn Declarati	on	
My name is	, and my date of birth is	
		(zip code) (country)
		` ' ' ' '
Executed in	County, State of, on theday of(month)	, 20 (year)
		,
	Signature of Candidate/Offic	eholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	mmission Filers)		
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 1,751.17	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	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 FUI	NDS	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT	\$		

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 FILER NAME		3 Filer ID (Ethics Commission Filers)			
Lin	dsay Devinger				
4 Date	5 Full name of contributor	7 Amount of contribution (\$)			
ê a	Jane Diluhan				
10/16/24	6 Contributor address; City; State; Zip Code	100.00			
	1201 River Mountain Rd W/2 7x 7867	6			
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instru				
Date	Full name of contributor				
Cate		-/ Amount of contribution (\$)			
10/10/24	Claire Roberts Sharp	••			
1919	Contributor address; City; State; Zip Code	50.00			
	402 CR 1492 W'ley 77 78676				
Principal occup	pation / Job title (See Instructions) Employer (See Instr	ructions)			
*					
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)			
1. 1. 1.	Tudy Bradbury Contributor address; City; State; Zip Code				
10/16/24	Contributor address; City; State; Zip Code	40.00			
	2 Pelos Verdes W/ey 72 78676	40,00			
Principal occu	pation / Job title (See Instructions) Employer (See Inst	ructions)			
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)			
lulare	Counterry Kehl				
191424	Contributor address; City; State; Zip Code	20.00			
	105 Heritage Hill Whay 77 7867	6			
Principal occu	Principal occupation / Job title (See Instructions) Employer (See Instructions)				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	Instruction Guide explains how to complete	1 Total pages Schedule A1:	
2 FILER NAME	dev Devines		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-sta	ite PAC (ID#:)	7 Amount of contribution (\$)
10/16/24	Jay Devinger 5 Full name of contributor out-of-sta Shawna She 6 Contributor address; City: 5300 MH. Shep RL W	State; Zip Code	# 98.00
•	5300 Mt. Shoop RL W	by TX 78676	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	ctions)
Date	Full name of contributor		Amount of contribution (\$)
10/22/24	Andrea Mc Beed Contributor address; City; 68 Linestone Tre 1	State; Zip Code	#98.00
·	68 Linestone Tr 1	W/ev 7x 78676	1 4,00
	ation / Job title (See Instructions)	Employer (See Instruc	ctions)
-	····		
Date	Full name of contributor 🔲 out-of-str	ate PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occur	pation / Job title (See Instructions)	Employer (See Instru	(tions)
	addition to the local metadelicity		
Date	Full name of contributor out-of-st	ate PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instru	ctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor 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 Gift/Awards/Memorials Expense Legal Services

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Outer (enter a cate	agory riocristed above)	
1 Total pages Schedule F1:			3 Filer ID (Eth	ics Commission Filers)	
4 Date	Linosey Deringe				
10/6/27	5 Payee name				
6 Amount (\$)	7 Payee address;	City:	State;	Zip Code	
4			5.6.6,	2.p 0000	
44.00	14307 RRIY	Wimberley	TX	78676	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		P	
PURPOSE OF EXPENDITURE	Advertising T-posts for signs				
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livi	ng expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
10/8/24	USPS			٠.	
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$250,00	MADE Windseley Bld	W'/ke	TX	78676	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Advertising	postage	for pos	Fords	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livi	ng expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
10/10/24	Somi Club				
Amount (\$)	Payee address;	City;	State;	Zip Code	
278.51	2101 Simple Sorings ld	Bentonville	ARI-	12716	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Event Expense	Candy I ho	m2outs	. Boo Hobe	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder livir	g expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL CODIES OF THIS	S COUEDINE AS NEE	nen		

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 Gith/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

Candidate/Officeholder/Pol Credit Card Payment	litical Committee	Legal Services		J Expense s/Wages/Contract Labor	Travel Out Of Dis	strict
		The Instruction Guide exp			One (ens ata	legory not listed above)
1 Total pages Schedule F		AME ;			3 Filer ID (Et	nics Commission Filers)
4 Date	5 Payee na	ime DG	Ringe	1		
10/10/24	An	azon	•			
6 Amount (\$)	7 Payee ac	dress;		City;	State;	Zip Code
\$1.94	410 70	evry Avenue	5	coffle	WA	98189
8	(a) Categor	/ (See Categories listed at the top of	this schedule)	(b) Description		
PURPOSE		a	-			g .
OF EXPENDITURE		tespense		Stickers t	gene sy	Min Roo Hole
O Complete ONLY IS IS		Check if travel outside of Texas. Comple	te Schedule T.		in, TX, officeholder livi	
9 Complete ONLY if direct expenditure to benefit C/C	Candida OH	ite / Officeholder name		Office sought		Office held
Date	Payee nar	ne				
10/13/24	AM	a20 n				٠.
Amount (\$)	Payee add	lress;		City;	State:	Zip Code
100.99	410 Tes	rry. Adenu	Se	ette	WA	98189
	Category	See Categories listed at the top of thi	s schedule)	Description		
PURPOSE OF EXPENDITURE	Even	tespense		Halloween	staff	Ar Alde
		heck if travel outside of Texas. Complete	Schedule T.	Check if Austir	s, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/O	Candidat H	e / Officeholder name	O (The birth of the state of th	Office sought		Office held
Date	Payee nam	ie				
10/13/24	H	<u> </u>				
Amount (\$)	Payee addr	ess;	***************************************	City;	State;	Zip Code
#35	14501	Blue Hole	w_{i}	mbork	77	18676
	Category (s	ee Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	adeler	भेडाळ		drinks t	Sheck trend p	tor cety
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate	/ Officeholder name	·	Office sought	, and the same of	Office held
	ATTA	OII E DENTINE I A COMMI				
	ATTA	CH ADDITIONAL COPIES	OF THIS S	CHEDULE AS NEED	DED	

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
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 Control of District

Legal Services Credit Card Payment Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 7 Payee address: City; State: Zip Code 538.16 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Ad vertising OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Houarev Amount (\$) Payee address; Zip Code 208,87 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 ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 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 ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED