APPOINTMENT OF A CAMPAIGN TREAS **BY A CANDIDATE DANAY CARNES** (CLERK, DICKENS CO., TE) See CTA Instruction Guide for detailed instructions. MS/MRS/MR CANDIDATE Мі OFFICE USE ONLY NAME JERRY Filer ID # NICKNAME SUFFIX Date Received CANDIDATE MAILING 209 E. Hill St Spur. Tx 79370 **ADDRESS** Date Hand-delivered or Postmarked CANDIDATE AREA CODE PHONE NUMBER **EXTENSION** Receipt# Amount S PHONE 445-1326 (806)Date Processed OFFICE Date Imaged HELD (if any) **OFFICE** SOUGHT (if known) MS/MRS/MR NICKNAME **CAMPAIGN** SUFFIX TREASURÉR Emily NAME MRS STREET ADDRESS: APT / SUITE #: CAMPAIGN ZIP CODE **TREASURER** STREET 990 CR482 **ADDRESS** (residence or business) AREA CODE PHONE NUMBER CAMPAIGN EXTENSION **TREASURER PHONE** 445-1189 (80P) 10 CANDIDATE **SIGNATURE** I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code. I am aware of my responsibility to file timely reports as required by title 15 of the Election Code. I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations. **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

_									
The C/OH Instruction G	iuide explains how	to complet	te this form.	1 Filer	ID (Ethi	ics Commission Filers)	2 To	tal pages file	ed:
3 CANDIDATE/ OFFICEHOLDER	MS/MRS/MR MR.		FIRST	- -		D WI		OFFICE	USE ONLY
NAME	NICKNAME	(Limns	 		SUFFIX	Date R	leceived	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; 209 E. Hill S		•	CITY;	STAT	TE; ZIP CODE			
Change of Address	1274 0005	SHONE			- CVT		<u> </u>		
5 CANDIDATE/ OFFICEHOLDER PHONE	(806)		number -1326		EXTE	ENSION			or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR ULS.		FIRST			МІ	Receip		Amount \$
NAME	· 3 · ii · · · · · · · · · · · · · · ·	بب	WY 124		• • • • • • •		Date P	rocessed	
	NICKNAME	2	chmidt	<i>-</i>		SUFFIX	Date Ir	naged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (1990 CR 482	-		UITE #;	C	DITY;		STATE;	ZIP CODE
(Residence or Business)									
8 CAMPAIGN TREASURER PHONE	AREA CODE		NUMBER		EXTE	ENSION			
FRONL	(806)	440-	-1189						
9 REPORT TYPE	January 15		30th day before el	iection		Runoff		15th day afte treasurer ap (Officeholder	pointment
	July 15		8th day before ele	ection		Exceeded Modified Reporting Limit		-	(Attach C/OH - FR)
10 PERIOD	Month	Day	Year			Month	Day	y Year	
COVERED	11 /	/ 3	/ 23	THRO	OUGH	12	/ 31	/ 23	
11 ELECTION	ELECTION DAT	TE				ELECTION TYPE	2		
	Month Day	Year	■ Primary	Ru	ınoff	Other Description			
	3 / 5 /	/ 24	General	Sp	oecial	Description			
12 OFFICE	OFFICE HELD (if any)				offi heri	ICE SOUGHT (If know	m)		
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTIC THE CANDIDATE / OFFIC CONSENT. CANDIDATES	CEHOLDER. 77	HESE EXPENDITURES	S MAY HAVE B	EEN MA	IDE WITHOUT THE CAN	VDIDATE'S O	R OFFICEHOLD	DER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	СОММІТТЕ	EE NAME						
Additional Pages	GENERAL	COMMITTE	EE ADDRESS						
	SPECIFIC	COMMITTE	EE CAMPAIGN TREA	ASURER NAI	ME .				
		COMMITTE	EE CAMPAIGN TRE	EASURER AD	DRES	s			
			GO TO	PAGE 2	==== 2 ,	_			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME Jerry Schmdit	-	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTH PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF	LOANS) \$ 3,060.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 577.79
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF OF REPORTING PERIOD	THE LAST DAY \$ 2,482.21
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOA LAST DAY OF THE REPORTING PERIOD	ns as of the \$ 0.00
	wear, or affirm, under penalty of perjury, that the accompanying repruired to be reported by me under Title 15, Election Code.	ort is true and correct and includes all information
	Signatu	re of Candidate or Officeholder
	Please complete either option	below:
(1) Affidavit		
NOTARY STAMP/SEA	-	•
Sworn to and subscribed	before me by	this the day of
20, to certify	which, witness my hand and seal of office.	
Signature of officer administe	ring cath Printed name of officer administering cath	Title of officer administering oath
	OR	
(2) Unsworn Declaration	on .	
My name is	rry Schm, dt , and my date o	f birth is 04/11/1966
My address is		. TX . 79370 USA .
Executed in	(street) (city) County, State of Tex 95, on the 14 day of	(state) (zip code) (country) AN , 20 2 4 (month) (year)
	Signature	f Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

l	19 FILER NAME 20 Filer ID (Ethics Control of the c				
	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE				
1.	1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS				
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS				
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS				
4.	4. SCHEDULE E: LOANS				
5. ∎	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS				
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS				
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS				
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD				
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS				
10.	D. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$		

MONETARY POLITICAL CONTRIBUTIONS.

SCHEDULE A1

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

			<u> </u>		
The	Instruction Guide explains how to com	1 Total pages Schedule A1:			
² FILER NAME Jerry Schn	nidt			3 Filer ID (Ethics Commission Filers)	
4 Date	Rolling Plains		(ID#:)	7 Amount of contribution (\$)	
11/03/20	6 Contributor address; Cit		State; Zip Code	250.00	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)					
Date	Skip Quinn		(ID#:)	Amount of contribution (\$)	
11/13/20	Contributor address; Cl		State; Zip Code	100.00	
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	cions)	
Date	,		(ID#:)	Amount of contribution (\$)	
11/14/20	Mr. Bass Contributor address; Cit		State; Zip Code	100.00	
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	lions)	
Date	Full name of contributor out-	-of-state PAC	(ID#:)	Amount of contribution (\$)	
12/16/20	Contributor address; City	y;	State; Zip Code	2,000.00	
Principal occup	ation / Job title (See Instructions)	·	Employer (See Instruct	ions)	
	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	o complete this	s form.	1 Total pages Schedule A1: 1
² FILER NAME Rex Vaugh				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAr	G (ID#:)	7 Amount of contribution (\$)
12/18/20	6 Contributor address;	City;	State; Zip Code	500.00
8 Principal occup	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PA	.C (ID#:)	Amount of contribution (\$)
12/09/20	Jeromy Rutledge Contributor address;	City;	State; Zip Code	100.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)				tions)
Date	Full name of contributor	out-of-state PA(C (ID#:)	Amount of contribution (\$)
12/09/20	Tate Schmidt Contributor address;	City;	State; Zip Code	10.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)
7			OF THIS SCHEDULE AS N	

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

Th	ne Instruction Guide explains how to complete this for	m.	1 Total pages Schedule A2:		
2 FILER NAM	E		3 Filer ID (Ethics Co	ommission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$		
5 Date	6 Full name of contributor)	8 Amount of Contribution \$	9 In-kind contribution description	
	7 Contributor address; City; State;	Zip Code	Chack if traval outs	 	
40		aa Emmless	<u> </u>	·	
10 Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employ	er (FOR NON-JUDICI.	AL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	IDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor)	Amount of	In-kind contribution	
Duto			Contribution \$	description	
	Contributor address; City; State;	Zip Code		i	
			Chack if traval autai	de of Toyon Complete Schedule T	
Drinning!	Visiting / Joh Hills /FOR NOV. II IDIOIAL > /Con Institutions >	 :	1	de of Texas, Complete Schedule T.	
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI	AL)(See Instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	rtor's job title (FOR JU	DICIAL) (See Instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	L'aw firn	n of contributor's spou	se (if any) (FOR JUDICIAL)	
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
		<u> </u>			
-		,	•		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

PLEDGED CONTRIBUTIONS

SCHEDULE B

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

	The	Instruction Guide explains how to complete th	ils form.	1 Total pages Sched	lule B:
2	FILER NAME			3 Filer ID (Ethics C	commission Filers)
4	TOTAL OF	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		
1				Check if travel outs	ide of Texas. Complete Schedule T.
10	Principal occu	pation / Job title (See Instructions)	11 Employer (See	Instructions)	
	Date	Full name of pledgor)	Amount of Pledge \$	In-kind contribution description
		Pledgor address; City;	State; Zip Code		
				Check if travel outs	. de of Texas. Complete Schedule T.
	Principal occup	ation / Job title (See Instructions)	Employer (See	Instructions)	
	Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description
	i	Pledgor address; City;	State; Zip Code		1 1 1
				Check if travel outs	 de of Texas. Complete Schedule T.
	Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
	Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; Sta	te; Zip Code		!
				Check if travel outsi	ide of Texas. Complete Schedule T.
	Principal occup	ation / Job title (See Instructions)	Employer (See	Instructions)	
•			<u> </u>		
					1
		ATTACH ADDITIONAL COPIE	S OF THIS SCHEDUL	E AS NEEDED	

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

LOANS

SCHEDULE E

If the requested information is not applicable, DO NOT include this page in the report.					
The	Instruction Guide explains how t	o complete this form.		1 Total pages Schedule E:	
2 FILER NAME		-		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UN	ITEMIZED LOANS			\$	
5 Date of loan	7 Name of lender	t-of-state PAC (ID#:)	9 Loan Amount (\$)	
6 Is lender a financial Institution?	8 Lender address; C	ty; State;		10 Interest rate	
☐ Y ☐ N				11 Maturity date	
12 Principal occupation	on / Job title (See Instructions)	13 Employer (Se	e Instructions)		
14 Description of Colla	ateral		k if personal fund unt (See Instruct	ds were deposited into political ions)	
16 GUARANTOR INFORMATION	17 Name of guarantor	<u> </u>	•	19 Amount Guaranteed (\$)	
not applicable	18 Guarantor address; C	ity; State;	Zip Code		
20 Principal Occupat	ion (See Instructions)	21 Employer (Se	e Instructions)		
Date of loan	Name of lender	it-of-state PAC (ID#:)	Loan Amount (\$)	
ls lender a financial	Lender address; C	ity; State;	Zip Code	Interest rate	
Institution?			,	Maturity date	
Principal occupation	on / Job title (See Instructions)	Employer (Se	e Instructions)		
Description of Colla	ateral			ds were deposited into political	
none		acco	unt (See Instructi		
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)	
	Guarantor address; C	ity; State;	Zip Code		
not applicable	_				
Principal Occupation	Principal Occupation (See Instructions) Employer (See Instructions)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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 Giff/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Travel Out Of District Other (enter a category not listed above)

Transportation Equipment & Related Expense

Solicitation/Fundraising Expense

Travel in District

Credit Card Payment The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Jerry Schmidt 4 Date 5 Payee name 11/30/2023 Dickens County Republican Party 6 Amount (\$) 7 Payee address; Zip Code City; State: 449.00 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Fees Campaign Registration **PURPOSE** OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name 12/28/2023 City of Spur Amount (\$) City; Payee address; State: Zip Code 125.00 Category (See Categories listed at the top of this schedule) Description **Event Expense** Community Center Rental PURPOSE OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name 12/12/2023 Spot Fund Amount (\$) Payee address; City; State; Zip Code 3.79 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Fees Fee for Online Donations OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Candidate / Officeholder name Office held Complete ONLY if direct expenditure to benefit C/OH 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
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 Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above)

The instruction Guide explains how to complete this form.				
1 Total pages Schedule F2:	2 FILER NAME		3 Filer ID (Ethics Co	mmission Filers)
4 TOTAL OF UNITER	MIZED UNPAID INCURRED OBLIGATION	S	\$	
5 Date	6 Payee name			
7 Amount (\$)	8 Payee address;	City;	State;	Zip Code
9 TYPE OF				
EXPENDITURE	Political Non-Pol	litical		
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 if Aus	stin, TX, officeholder living ex	xpense
11 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name O	Office sought	Office held	d
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
				
TYPE OF EXPENDITURE	Political Non-Po	olitical		
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 e	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name O	Office sought	Office held	d
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

•		
T	he Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAME		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	
	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	
	Description of investment	
	Amount of investment (\$)	
	,	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

	EXPEND	ITURE CATEGORIES I	FOR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Office Over Expense Polling Expense Printing Expense		Solicitation/Fundraisir Transportation Equipn Travel In District Travel Out Of District Other (enter a categor	nent & Related Expense
	The Instruct	ion Guide explains how to	complete this form.		•
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics C	commission Filers)
4 TOTAL OF UNITEM	ZED EXPENDITURE	S CHARGED TO A C	REDIT CARD	\$	
5 Date	6 Payee name				
7 Amount (\$)	8 Payee address;		City;	State;	Zip Code
9 TYPE OF EXPENDITURE	Political	Non-P	olitical		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories	listed at the top of this schedule)	(b) Description		
	(c) Check if travel outs	ide of Texas, Complete Schedule T.	Check if Au	stin, TX, officeholder living	expense
11 Complete ONLY If direct expenditure to benefit C/OH	Candidate / Office	holder name (Office sought	Office he	eld
Date	Payee name	-			
Amount (\$)	Payee address;		City;	State;	Zip Code
TYPE OF EXPENDITURE	Political	Non-F	olitical		
PURPOSE OF Expenditure	Category (See Categories	listed at the top of this schedule)	Description		
	Check if travel outs	side 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 / Office	holder name (Office sought	Office he	eld
	ATTACH ADDITION	IAL COPIES OF THIS S	SCHEDULE 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

Event Expense Fees Food/Beverage Expense Gift/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/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form.				
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name			
6 Amount (\$) Reimbursement from political contributions intended	7 Payee address;	City;	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Calegories 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 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 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/C	Candidate / Officeholder name OH	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 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/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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

Polling Expense Travel In Distr Printing Expense Travel Out Of Salaries/Wages/Contract Labor Other (enter a

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.	Outer (artes a caregory not used above)
1 Total pages Schedule H:	2 FILER NAME		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	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name OH	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	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	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULEASNEE	DED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

	The Instruction Guide explains how to co	mplete this form.			
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID	(Ethics Co	ommission 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 calegories.)	(b) Description (See required.)	instructions regar	ding 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.)	instructions regar	ding 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.)	Instructions regard	ding 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.)	instructions regard	ding type of	Information
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED		

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

SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Sched	dule 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; Stat	te; Zip 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 p	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
1	Address of person from whom amount is received; City; Stat	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; Sta	ate; Zip Code	
	Purpose for which amount is received Check if p	political 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

If the requested information is not applicable, DO NOT include this page	ge in the report.
The Instruction Guide explains how to complete this form.	1 Total pages Schedule T:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee	
5 Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule F2 Schedule F4 Schedule G Schedule H	2 Schedule D Schedule F1 Schedule COH-UC Schedule B-SS
6 Dates of travel 7 Name of person(s) traveling	
8 Departure city or name of departure location	
9 Destination city or name of destination location	У
10 Means of transportation 11 Purpose of travel (including name of conference	e, seminar, or other event)
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee	
Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule F2 Schedule F4 Schedule G Schedule H	Schedule D Schedule F1 Schedule COH-UC Schedule B-SS
Dates of travel Name of person(s) traveling	
Departure city or name of departure location	
Destination city or name of destination location	
Means of transportation Purpose of travel (including name of conference	e, seminar, or other event)
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee	
Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule F2 Schedule F4 Schedule G Schedule H	Schedule D Schedule F1 Schedule COH-UC Schedule B-SS
Dates of travel Name of person(s) traveling	
Departure city or name of departure location	
Destination city or name of destination location	
Means of transportation Purpose of travel (including name of conference	e, seminar, or other event)
ATTACH ADDITIONAL COPIES OF THIS SCHED	JLE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	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)				
3 SIG	ATURE				
des	ot expect any further political contributions or political expenditures in connection with my candidacy. I understand that nating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any aign contributions or make any campaign expenditures without a campaign treasurer appointment on file. Signature of Candidate / Officeholder				
	RWHO IS NOT AN OFFICEHOLDER mplete A & B below <i>only</i> if you are not an officeholder. ••				
A.	CAMPAIGN FUNDS				
C	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. 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.				
В.	B. ASSETS				
C	ck only one:				
	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 ••				
	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				

CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT 2 Total pages filed: 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE/ MS / MRS / MR FIRST OFFICE USE ONLY **OFFICEHOLDER** MR Jerry NAME Date Received NICKNAME LAST SUFFIX Schmidt APT / SUITE #; ADDRESS / PO BOX; ZIP CODE 4 CANDIDATE/ CITY: STATE: **OFFICEHOLDER** 209 E Hill St Spur, TX 79370 MAILING **ADDRESS** Change of Address AREA CODE PHONE NUMBER **EXTENSION** 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (806)445-1326 **PHONE** Receipt # Amount \$ MS / MRS / MR FIRST 6 CAMPAIGN TREASURER Mrs. **Emily** Date Processed NAME LAST NICKNAME SUFFIX Date Imaged Schmidt STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: STATE; ZIP CODE CAMPAIGN **TREASURER** 990 CR 482 Spur, TX 79370 **ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER EXTENSION **CAMPAIGN TREASURER** PHONE 806 445-1189 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) Exceeded Modified July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Day Year Month Year Day COVERED 29 24 24 THROUGH **ELECTION TYPE ELECTION DATE** 11 ELECTION Runoff Other Day Description General Special 24 OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE Sheriff 14 NOTICE FROM THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES, **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	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)	\$ 550.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,359.69
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$ 1,672.52
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$
	wear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	and correct and includes all information
	Signature of Car	ndidate or Officeholder
	Please complete either option below	
(1) Affidavit		
NOTARY STAMP/SEA	L	
Sworn to and subscribed		day of
	which, witness my hand and seal of office.	,,
Girandan of afficient administra		The state of the s
Signature of officer administe	, , , , , , , , , , , , , , , , , , , ,	Title of officer administering oath
(2) Unsworn Declarati	OR ON	,
My name is	, and my date of birth is	·
My address is		
		tate) (zip code) (country)
Executed in	County, State of, on theday of(month)	, 20 (year)
	Signature of Candid	ate/Officeholder (Declarant)

SUBTOTALS - C/OH

19	FILER NAME	20 Filer ID (Ethics Con	nmissi	on Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	550.00
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 CONTRIBUTIONS			1,359.69
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			
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 TO FILER	TIONS RETURNED	\$	

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 t	1 Total pages Schedule A1:					
2 FILER NAME Jerry Schm	iidt			3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Charlie Wainscott			7 Amount of contribution (\$)			
01/02/2024	6 Contributor address;	City;	State; Zip Code	500.00			
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)			
Date	Full name of contributor Tom Bowman	out-of-state PAC	C (ID#:)	Amount of contribution (\$)			
02/26/2024	Contributor address;	City;	State; Zip Code	50.00			
Principal occupation / Job title (See Instructions) Employer (See Instructions)							
Date	Full name of contributor		C (ID#:)	Amount of contribution (\$)			
	Contributor address;	City;	State; Zip Code				
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)			
Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)			
	Contributor address;	City;	State: Zip Code				
Principal occup	Dation / Job title (See Instructions)		Employer (See Instruct	tions)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.							

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 1/1/2024

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the reque	ested information is not applicable, DO NOT includ	e this page	in the report.			
Th	ne Instruction Guide explains how to complete this for	n.	1 Total pages Sched	ule A2:		
2 FILER NAMI	E		3 Filer ID (Ethics Co	mmission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$			
5 Date	6 Full name of contributor □ out-of-state PAC (ID#:		8 Amount of Contribution \$	9 In-kind contribution description		
	7 Contributor address; City; State;	Zip Code	Check if travel outsi	de of Texas, Complete Schedule T.		
10 Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI/	 -		
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 firn	of contributor's spous	se (if any) (FOR JUDICIAL)		
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
Date	Full name of contributor		Amount of Contribution \$	In-kind contribution description		
	Contributor address; City; State;	Zip Code	Chack # travel autric	do of Toyon Complete Cabadula T		
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Check if travel outside of Texas. Complete Schedule T. Employer (FOR NON-JUDICIAL)(See Instructions)				
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	ontributor'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)	_				
						
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

Forms provided by Texas Ethics Commission

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PLEDGED CONTRIBUTIONS

SCHEDULE B

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

	ii iiic reques	ned information is not applicable, 50 the finishado	pag-		
	The	instruction Guide explains how to complete this form.		1 Total pages Sched	ule B:
2	FILER NAME			3 Filer ID (Ethics C	ommission Filers)
4	TOTAL OF	UNITEMIZED PLEDGES	\$		
5	Date	6 Full name of pledgor		8 Amount of Pledge \$	9 In-kind contribution description
		7 Pledgor address; City; State; Z	p Code		
				Check if travel outsi	l. ide of Texas, Complete Schedule T,
10	Principal occu	pation / Job title (See Instructions) 11 Em	ployer (See l	Instructions)	
	Date	Full name of pledgor out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; State; Z	ip Code		
	,	'		Check if travel outsi	ide of Texas. Complete Schedule T.
	Principal occup	ation / Job title (See Instructions) Em	ployer (See	Instructions)	
	Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; State; Z	ip Code		
				Check if travel outsi	, de of Texas. Complete Schedule T.
	Principal occup	pation / Job title (See Instructions)	ployer (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 outsi	ide of Texas. Complete Schedule T.
	Principal occup	ation / Job title (See Instructions)	ployer (See	Instructions)	
	-				,
	14	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDUL	LE AS NEEDED	

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

LOANS SCHEDULE E

If the requested	information is not applicable, E	OO NOT include this page in the r	eport.
The	Instruction Guide explains how to	complete this form.	1 Total pages Schedule E:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UN	ITEMIZED LOANS	-	\$
5 Date of loan	7 Name of lender	-of-state PAC (ID#;)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; Cit	y; State; Zip Code	10 Interest rate 11 Maturity date
		122	
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Colli	ateral	15 Check if personal fu	nds were deposited into political ctions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; Cit	ty; State; Zip Code	
not applicable			
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	t-of-state PAC (ID#:)	Loan Amount (\$)
Is lender a financial	Lender address; Ci	ty; State; Zip Code	Interest rate
Institution?			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal fu account (See Instru	nds were deposited into political ctions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; Ci	ty; State; Zip Code	
not applicable			
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
1f le		L COPIES OF THIS SCHEDULE AS NI see Instruction guide for additional	

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 (enter a category not listed above)

<u></u>	The Instruction Guide explains how to	complete this form.			
1 Total pages Schedule F1:	2 FILER NAME Jerry Schmidt		3 Filer ID (Ethic	s Commission Filers)	
4 Date					
01/06/2024	5 Payee name				
	Amazon				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
243.45					
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Advertising Expense	5 Campaign B	lanners		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense	
9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
Date	Payee name .				
01/09/2024	Amazon				
Amount (\$)	Payee address;	City;	State;	Zip Code	
15.58					
	, Category (See Categories listed at the top of this schedule)	Description		.	
PURPOSE	Other	County Sherif	f Books		
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/OF	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name		•		
01/12/2024	IGA Spur				
Amount (\$)	Payee address;	City;	State;	Zip Code	
84.56					
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Even tExpense	Meet the cand	idate supplies	S	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	g 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		

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 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 complete this form.					
1 Total pages Schedule F1:	2 FILER NAME Jerry Schmidt		3 Filer ID (Ethics Cor	mmission Filers)		
4 Date	5 Payee name					
01/18/2024	City of Spur					
6 Amount (\$)	7 Payee address;	City;	State; 2	Zip Code		
-50.00						
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Event Expense	Deposit back on Community Center for meet the candidate spur				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expe	ense		
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Offic	ce held		
Date	Payee name			,		
01/30/2024	The Texas Spur					
Amount (\$)	Payee address;	City; State;		Zip Code		
171.00						
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Advertising Expense	Coffee with Q	uestions			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expe	nse		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Offic	ce held		
Date	Payee name					
02/01/2024	Dot4Dot Printing					
Amount (\$)	Payee address;	City;	State; Z	ip Code		
206.90						
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Advertising Expense	5 Banners				
	Check if travel outside of Texas. Complete Schedule T,	Check if Austin	n, TX, officeholder living exper	nse		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Offi	ce held		
,	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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 (enter a category not listed above)

The Instruction Guide explains how to complete this form.

	the instruction Guide explains now to c	complete uns iorini		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics	Commission Filers)
	Jerry Schmidt			
4 Date	5 Payee name			
02/20/2024	The Texas Spur			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
255.20				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Coffee with que	estions Dicken	s, campaign ads
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
02/28/2024	Office Depot			
Amount (\$)	Payee address;	City;	State;	Zip Code
433.00				
	Category (See Categories listed at the top of this schedule)	Description		.
PURPOSE OF	Advertising Expense	Campaign Flyers		
EXPENDITURE				
	Check if travel outside of Texas, Complete Schedule T.	Check if Austia	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	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 Austir	n, 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 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) Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Event Expense Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F2: 2 FILER NAME 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 5 Date 6 Payee name 8 Payee address; City; State; Zip Code 7 Amount (\$) 9 TYPE OF Non-Political Political EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description 10 PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Zip Code Payee address; City; State: TYPE OF Non-Political Political EXPENDITURE 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

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

Т	he Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:					
2 FILER NAME		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	ty; State; Zip Code					
	7 Description of investment						
		١					
	8 Amount of investment (\$)						
Date	Name of person from whom investment is purchased						
	Address of person from whom investment is purchased; City						
•	Description of investment						
	Amount of investment (\$)						
	·	,					
		,					
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

-	EX	PENDITURE CAT	TEGORIES	FOR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic	By Gift/Aw	everage Expense ards/Memorials Expense	Office Of Polling E Printing		nse Transp Travel Travel	In District Out Of District	Expense ent & Related Expense not listed above)
The Instruction	Guide explains how to	complete this form.		USE A NEW PAG	E FOR EACH O	REDIT CARD	ISSUER
1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME			<u> </u>	3 FILE	R ID (Ethics (Commission Filers)
4 TOTAL OF UNITEMIZED EXP	ENDITURES CHARGED TO	A CREDIT CARD			\$		
5 CREDIT CARD ISSUER	Name of financial insti	tution			<u> </u>		
6 PAYMENT	(a) Amount Charged	(b) Date Expendito	ure Charged	(c) Date(s) Credit (Card Issuer Paid		
7 PAYEE	(a) Payee name		(b) Payee ad	dress;	City,	State,	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categori	es listed at the top of this sche	dule)	(b) Description			
Political Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					xpense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officehold	er name	Off	ice Sought		Office Held	
PAYMENT	(a) Amount Charged	(b) Date Expenditi	ure Charged	(c) Date(s) Credit (Card Issuer Paid		
PAYEE	(a) Payee name		(b) Payee ad	dress;	City,	State,	Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categori	es listed at the top of this sche	dule)	(b) Description			
Non-Political	(c) Check if travel	outside of Texas. Complet	e Schedule T.	Che	eck if Austin, TX, of	ficeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officehold	er name	Off	ice Sought		Office Held	٠
PAYMENT	(a) Amount Charged \$	(b) Date Expenditi	ure Charged	(c) Date(s) Credit (Card Issuer Pald		
PAYEE ,	(a) Payee name		(b) Payee ad	dress;	City,	State,	Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categori	es listed at the top of this sche	this schedule) (b) Description				-
Non-Political	(c) Check if travel	outside of Texas. Complet	e Schedule T.	C	heck if Austin, TX,	officeholder living	g expense \
Complete ONLY if direct expenditure to benefit C/OR	Candidate / Officehold	er name	Off	ice Sought		Office Held	
	ATTACH ADI	DITIONAL COPIE	S OF THIS	SCHEDULE AS	S NEEDED		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

	The instruction Guide explains now to	complete this form.				
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics	Commission Filers)		
4 Date	5 Payee name					
6 Amount (\$) Reimbursement from 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)	(b) Description				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living e	er living expense		
9 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		
Reimbursement from political contributions intended	-	I				
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	n, TX, officeholder living e	expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/0	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 listed at the top of this schedule)	Description				
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	, TX, officeholder living e	xpense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held		
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEED	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 Gift/Awards/Memoriats 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
Other (colors a steepen and listed above)

Contributions/Donations Made Candidate/Officeholder/Politi		Gift/Awards/Memorials Expense Printing Expense Committee Legal Services Salaries/Wages/Contract Labor			Travel Out Of District Other (enter a category not listed above)			
Credit Card Payment		The Instruction Guide explain	ns how to complete this form.					
1 Total pages Schedule H:	2 FILER N	AME		3 Filer ID (Ethic	s 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 s	chedule) (b) Description					
	(c)	Check if travel outside of Texas. Complete Sci	hedule T. Check if Aus	stin, TX, officeholder living	ехрелзе			
9 Complete ONLY if direct expenditure to benefit C/O		ate / Officeholder name	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 so	chedule) 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/O		ate / Officeholder name	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 so	chedule) Description					
		Check if travel outside of Texas. Complete Sci	hedule T. Check if Aus	tin, TX, officeholder living e	ехрелѕе			
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name	Office sought		Office held			
· · · · · · · · · · · · · · · · · · ·	ATT	ACH ADDITIONAL COPIES (OF THIS SCHEDULE AS NE	EDED				

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

	The Instruction Guide explains how to con	nplete this form.					
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID	(Ethics Co	ommission 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 regard	ding 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.)	instructions regard	ding type of	information		
Date	Рауее пате						
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	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 regard	ding 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 Sched	dule 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; Zip 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
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	politica! 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
	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, DO NOT include this page in the report.							
The Instruction Guide explains how to complete this form.	1 Total pages Schedule T:						
2 FILER NAME	3 Filer ID (Ethics Commission Filers)						
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee							
Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS Dates of travel 7 Name of person(s) traveling							
8 Departure city or name of departure location	55.05						
9 Destination city or name of destination location							
10 Means of transportation 11 Purpose of travel (including name of conference,	seminar, or other event)						
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee							
Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2	Schedule D Schedule F1						
Schedule F2 Schedule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS						
Dates of travel Name of person(s) traveling							
Departure city or name of departure location							
Destination city or name of destination location							
Means of transportation Purpose of travel (including name of conference,	seminar, or other event)						
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee							
Contribution / Expenditure reported on:	·						
Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule F2 Schedule F4 Schedule G Schedule H	Schedule D Schedule F1 Schedule COH-UC Schedule B-SS						
Dates of travel Name of person(s) traveling	Schedule COH-UC Schedule B-SS						
Departure city or name of departure location							
Departure dry or name of departure location							
Destination city or name of destination location							
Means of transportation Purpose of travel (including name of conference,	seminar, or other event)						
ATTACH ADDITIONAL COPIES OF THIS SCHEDUL	E AS NEEDED						

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to complete this form.								
		•• Complete only if "Report Type" on page 1 is marked "Final Report" ••							
1	C/OH N	AME 2 Filer ID (Ethics Commission Filers)							
3	SIGNA	TURE							
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.								
	Signature of Candidate / Officeholder								
4		WHO IS NOT AN OFFICEHOLDER plete A & B below <i>only</i> 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 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.							
	В.	ASSETS							
	Chec	conly one:							
		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							
5		EHOLDER plete this section <i>only</i> 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 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							



	AFFIDAY CANDIDATE OR ELECTRONIC FIL	OFFICEHOLD		Date Received		
An exemption affidavit must be submitted with each paper report. Beginning on January 1, 2024, a candidate or officeholder who has accepted more than					Date Hand-delivered or Date Postmarked	
\$32,810 in political contributions or made more than \$32,810 in political expenditures in <u>any</u> calendar year must file all subsequent reports electronically.				Receipt #	Amount \$	
				Date Processed		
Filer name		Filer ID #		Date Imaged		
1. I swear or affirm	that I have not accepted m	ore than \$32,810 in	political con	tributions o	r made	

- more than \$32,810 in political expenditures in a calendar year.
- 2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me,
- 4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$32.810 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 5. I am filing this affidavit with the report due on I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit

1						
NOTARY STAMP/SEAL		-		Signature	e of Filer	
Swom to and subscribed be	efore me by		thi	s the	day of	
20, to certify w	nich, witness my hand and s	eal of office.				
Signature of officer administeri	ng oath Pri	inted name of officer admir	nistering oath		Title of office	r administering oa
		OR				
(2) Unsworn Declaration	1	-		-		
My name is		,	and my date of b	irth is		
My address is	(street)		/a:E3	' 222-2 '	——————————————————————————————————————	/t3
	` '		(city)	(state)	(zip code)	(country)
Executed in	County, State of _	, on the	day of	(month)	, 20 (year)	
		-	Sic	nature of Fi	ler (Declarant)	

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

OFFICE USE ONLY