			CE REPORT		FORM C/OH COVER SHEET PG 1
The C/OH Ins	truction (Guide explains how	w to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDA OFFICE-IO NAME		MS MRS MR	US+a	MI	OFFICE USE ONLY
		NICKNAME	Domi	SUFFIX	Date Respued
4 CANDIDAT OFFICEHO MAILING ADDRESS	LDER	PORESS I PO BO	17/7/	STATE: ZIP CCDE	
Change of			Colaspr	ing 1x 77331	
5 CANDIDAT OFFICEHO PHONE		(281)	59 7204	EXTENSION	Date Harre delivered or Date Postmarked
6 CAMPAIGI TREASUR		MS / CIRS MIP	rictin	MI	Receipt n Amount s
NAME		NICKNAME	LAST,	SUFFIX	Date Promoded
			William	S	Date Imaged
7 CAMPAIGI TREASUR ADDRESS		245	Lake Ral	CITY;	STATE: ZIP CODE
(Residence or			colds	prisig, ix.))/
8 CAMPAIS TREASUR PHONE		(281) 6	PHONE NUMBER	EXTENSION	
9 REPORT	~PE	January 15	30th day before el	ection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
		July 15	Bth day before elec	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED		Month	1,/24	THROUGH /	Day Year (25/24)
11 ELECTION		ELECTION DA	riv.x	ELECTION TYPE	
		3 5	Year Primary General	Runoff Other Description Special	
12 OFFICE		OFFICE HELD (fany)		13 OFFICE SOUGHT (I knows)	ommissioner
14 NOTICE FR POLITICA COMMITTE	1	THE CANDIDATE / OFFICE	CEHOLDER. THESE EXPENDITURES	MAY HAVE BEEN MADE WITHOUT THE CAND	ADE BY POLITICAL COMMITTEES TO SUPPORT IDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.
30000011	(0)	COMMITTEE TYPE	COMMITTEE NAME		7,0
Additional f	Pages	GENERAL	COMMITTEE ADDRESS		
		SPECIFIC	COMMITTEE CAMPAIGN TREA	SURER NAME	
			COMMITTEE CAMPAIGN TREA	ASURER ADDRESS	
			GO TO F	PAGE 2	

1994 3	E / OFFICEHOLDER I FINANCE REPORT		FORM C/OH SHEET PG 2				
15 C/OFINAME rysta	1 Dominy	16 Filer ID (Ethica	s Comm ssion Filers)				
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAT PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$					
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 80	92327				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$					
	4. TOTAL POLITICAL EXPENDITURES	\$ 8	368.30				
CONTRIBUTION BALANCE 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		AST DAY \$	100.6				
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS CLAST DAY OF THE REPORTING PERIOD	OF THE \$					
	Signature of Candidate or Officeholder Please complete either option below:						
(1) Affidavit NOTARY STAMP/SEAL 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 administering	ng oath Printed name of officer administering oath	Title of off	icer ad ministering cath				
	OR						
2) Unsworn Declaration My name is							

SUBTOTALS - C/OH FORM C/OH **COVER SHEET PG 3** 19 FILER NAME 20 Filer ID (Ethics Commission Filers) 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE SUBTOTAL AMOUNT SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 2. \$ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 3. SCHEDULE B: PLEDGED CONTRIBUTIONS \$ SCHEDULE E: LOANS 4 \$ 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS 5 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 CONTRIBUTIONS \$ 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 5 TO FILER

					11-
MONE	TARY POLITICAL O	ONTRIB	JTIONS	SCHEDUL	.≣ A
If the reque	ested information is not applica	ble, DO NOT i r	nclude this page in the	report.	
Th	e Instruction Guide explains how	to complete thi	s form.	1 Total pages Schedule £1	
FILER NAME				3 Filer ID (Ethics Commiss	ion Filers)
Date	Full name of examination Contributor address.	Out-at-state PA	C (ID#) State; Zip Code	7 Amount of contribution	(\$)
Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruc	ctions)	
Date	Full name of contributor	out-of-state PA	C (ID#)	Amount of contribution	(\$)
	Contributor address;	City;	State; Zip Code		
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)	
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution	(\$)
	Contributor address;		State; Zip Code		
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)	
Date	Full name of contributor	out-of-slate PAC	С (10#)	Amount of contribution	(5)
	Contributor address;	City;	State; Zip Code		
Principal occup	Deation / Job title (See Instructions)		Employer (See Instruct	tions)	
	ATTACH ADDITI	ONAL COPIES (OF THIS SCHEDULE AS N	EEDED	
	If contributor is out-of-state PAC,				

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested in	nformation is not applicable, DO NOT include	e this page in the report.	
	EXPENDITURE CATEGORIE	ES FOR BOX 8(a)	
Advertising Expense Accounting/Bankog Consulting Expense Contributions/Do attions Mad Candidate/Officsholder/Poli Credit Card Paymen	Event Expense Loan F Fees Office Food/Beverage Expense Polling e By Gift/Awards/Memorials Expense Printin	Repayment/Reimbursement Overhead/Rental Expense g Expense ng Expense Travel In District Travel Out Of District Other (enter a category not listed above)	ense
1 Total pages Schedule G	2 FILER NAME UDIAL OF	3 Filer ID (Ethics Commission Filers	5)
4 Date	Republican Par	ty SJC	
Reimbouwment from political contributions intended	San Jacinto (City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	Republican dinner	3
	(c) Check ftravel outside of Texas. Complete Schedule T.	Check if Austin TX, officeholder living expense	
9 Complete ONLY I direct expenditure to benefit C/OH	Candidate / Officeholder name CHYSTAL DOMING	office sought Office held Office held None	
Date	Рауее пате		
Amount (\$) Reimbursement from political contributions intended	Payee address;	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ON Y if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held	
Date	Payee name		
Amount (S)	Payee address;	City; State; Zip Code	
Reimbursitment from political contributions intended	· ·		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the lop of this schedule)	Description	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin_TX, officeholder living expense	
Complete ONLY / cirect expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
	ATTACH ADDITIONAL COPIES OF THIS S	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 Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Fees Food/Beverage Expense Consulting Expense Polling Expense Printing Expense Travel In District Travel Out Of District Contributions/Donations Made By Gift/Awards/Memorials Expense Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date 6 Payee name 8 Payee address; 7 Amount (\$) City; State; Zip Code 9 TYPE OF Political Non-Political EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description 10 **PURPOSE** EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living excert Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Pavee name Date Zir Code Amount (\$) Payee address; City; State: TYPE OF Non-Political EXPENDITURE Political Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living e>Det Check if travel outside of Texas, Complete Schedule T. Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

0 1834	TE / OFFICEHOLDER N 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	ME MRS MR FIRST L MI	OFFICE USE ONLY
	NICKNAME LAST SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX APT / SUITE #; CITY STATE; ZIP CODE	COUNTSTIRE
Change of Address	Coldspring 1×77331	
6 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	NICKNAME LAST SUFFIX	Date Processed Date Imaged
7 CAMPAIGN	STREET ADDRESS INC. PO BOX PLEASE): APT / SUITE #; CITY;	STATE; ZIP CODE
REASURER ADDRESS (Residence or Business)	245 Lake Rd. Coldspring IX. 97.	321
8 CAMPAIGN	ARE CODE PHONE NUMBER EXTENSION).) [
PHONE	(28) 1661-8282	
9 REPORT TYPE	January 15 30th day before election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
10 PERIOD	July 15 Sth day before election Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
COVERED	7 Month Day Year THROUGH OLD	15/2024
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year Primary Runoff Other Description	
	3 /5 /24 General Special ——	
12 OFFICE	OFFICE HELD (if any: 13 OFFICE SOUGHT (if known)	mmissioner
14 NOTICE FROM POLITICAL	THIS EOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MATHE CANDIDATE! OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDICONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THE	DATES OR OFFICEHOLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME	ILLI NEGLISE NOTICE OF SOCI EAFENDRIBRES.
- Audo-and	GENERA_ COMMITTEE ADDRESS	
Additional Pages	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	
	GO TO PAGE 2	

	E / OFFICEHOLDER N FINANCE REPORT	FORM C/OH COVER SHEET PG 2				
15 C/OH NAME	rystal Diminy 16	5 Filer ID (Ethics Commission Filers)				
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CON RIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ _				
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3923.27				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	s _				
	4. TOTAL POLITICAL EXPENDITURES	\$ 8496.62				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D OF REPORTING PERIOD	DAY \$ 214.97				
OUTSTANDING LOAN TOTALS	6. TOTAL FRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH LAST DAY OF THE REPORTING PERIOD	HE \$2 —				
required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder Please complete either option below: (1) Affidavit						
NOTARY STAMP/SEAL						
	efore me by this the hich, witness my hand and seal of office.	day of,				
Signature of officer administeri	ng oath Printed name of officer administering oath	Title of officer administering oath				
	OR					
My name is My address is My	(street) County, State of TX On the County of County o	5-4-197/ .7733./ Syl Jacksto e) (zio code) (country) Moc. 20 13 (year) Officeholder (Dealarant)				

	SUB	TOTALS	- C/OH		FORM C/OH SHEET PG 3
19	FILERNA	ME MUSTO	Imminu	20 Filer ID (Ethics Co	mmission Filers)
21		E SUBTOTALS SCHEDULE		-	SUBTOTAL AMOUNT
1;		SCHEDULE A1	MONETARY POLITICAL CONTRIBUTIONS		\$8923.27
2.		SCHEDULE A2	NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		s —
3.		SCHEDULE B:	PLEDGED CONTRIBUTIONS		s -
4.	Ф	SCHEDULE E.	LOANS		s -
5.		SCHEDULE F1	POLITICAL EXPENDITURES MADE FROM POLITICAL COI	NTRIBUTIONS	\$ 849662
6,	Ф	SCHEDULE F2	UNPAID INCURRED OBLIGATIONS		\$
7.	Ф	SCHEDULE F3	PURCHASE OF INVESTMENTS MADE FROM POLITICAL (CONTRIBUTIONS	s. 8496.62
8.		SCHEDULE F4	EXPENDITURES MADE BY CREDIT CARD		\$
9	Ф	SCHEDULE G:	POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	s 211.68
10.		SCHEDULE H	PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	s _
11.		SCHEDULE I: N	ON-POLITICAL EXPENDITURES MADE FROM POLITICAL COI	NTRIBUTIONS	s —
12.		SCHEDULE K:	INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	s —

MONETA	RY POLITICAL CONTRIBU	JTIONS		SCHEDUL	E A1
If the requested	I information is not applicable, DO NOT in	nclude this page in the I	eport.		
The ins	es Schedule A1.				
2 FILER NAME	riptal Domini	1	3 Filer ID	(Ethics Commissio	n Filers)
124-23	Full name of contributor Out-of-state PA	State; Zip Code	7 Amount	of contributior	5)
/ 1.	on/Job title (See Instructions) Mal hime director	9 Employer (See Instruction Flynn Pu	ions) hera	Home	
Date AMA3	Full name of contributor out-of-state PAC Contributor address: City;	State; Zip Code	Amount	of contribution $(0,0)$	\$)
Principal occupation	n/Job title (See Instructions) MSHuctum	Employer (See Instruct	олѕ)		
Date	Full name of contributor Thomas Ballay Contributor address; City:	State; Zip Code	,	of contribution	(\$)
Principal occupation	n / Job title (See Instructions)	Employer (See Instructi	ons)		
Date /	Full game of contributor out-of-state PAC	State; Zip Code		of contribution	s)
Principal occupation	/ Job title (See Instructions)	Employer (See Instruction	ons)		
lf c	ATTACH ADDITIONAL COPIES (ontributor is out-of-state PAC, please see Instru			irements.	I

SCHEDULE F1

If the requested infor	mation is not applicable, DO NOT include this page in the report.
	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Espaining Consulting Expense Contributions/Denations Made By Candidate/Officeholder/Pohtical C	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Travel In District Gif:/Awards/Memorials Expense Printing Expense Travel Out Of District Committee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1: 2	2 FILER DAME 3 Firer ID (Ethics Commission Filers)
	Crystal Dominy
1214 23	Payee name Payee address; City; State: Zip Code
406,20	Cleveland, TX.
8	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE OF EXPENDITURE	Advertisement Signa
	Check if Build outside of Texas. Complete Schoduln T. Check if Build TY, officeholder Ruing expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held
Date 12-5-33	1) (dspring Chamber of Commerce
\$ 105.00	Payee address: City: State; Zip Code
PURPOSE OF EXPENDITURE	Advertisement Booth & Parade
	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	Cand date / Office holder name Office sought Office held
12-7-23	Madison Kennedy
Amount (\$)	Payee address; City: State; Zip Code
100.00	Huntsville, K.
PURPOSE OF EXPENDITURE	Ad wertisement Signs for Parade
	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

SCHEDULE F1

FROM	POLI	ICAL CONTRIBUTIONS	
If the req	uested info	rmation is not applicable, DO NOT include this page in the report.	
		EXPENDITURE CATEGORIES FOR BOX 8(a)	- 3
Advertising E AccountingBanki Consulting Expen Contributions/Dor Candidate/Cffice Credit Card Payment	ng se atons Made By sholder/Political		se
1 Total pages 5	chedule F1:	2 FILER NAME (MUSTA) DOMINU 3 Filer ID (Etnics Commission Files)	j
4 Date	0/23	Vista print	
\$ 36.1	00	7 Payee address; City; State; Zip Code	
8		(a) Category (See Categories listed at the top of this schedule) (b) Description	
PURPOS OF EXPENDIT	53.25	Advertising buisness cards	
	i	(2) Chock if travel autide of Tenus. Complete Schodule T. Chock if Syctim, TV officeholder Indian expense	_
9 Complete ONL expenditure to		Candidate / Officeholder name Office sought Office held	
Date 2	4/23	Good Promotions	
Amount (\$)	22.44	Cleveland, TX. 77327	
PURPOS OF EXPENDITO		Advertisement Cass & Signs	
		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	_
Complete ONLY expenditure to t		Candidate / Officeholder name Office sought Office held	
Amount (\$)	23 50	Payee name Republican Party Payee address; City; State; Zip Code ColdS Pring, IX.	
PURPOSI OF EXPENDITU		Category (See Categories listed at the top of this schedule) Description Camparan Republican ballot	
190 10 14 Security	1	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	_
Complete ONLY expenditure to b		Candidate / Officeholder name Office sought Office held	
		ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	

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 Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Fees Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Printing Expense Travel Out Of District Candidate/Officeholder/Political Correnittee 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 F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) State: Zip Code 8 Category (See Categories listed at the top of this schedule) (b) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Cendidate / Officeholder name Office held expenditure to benefit C/OH Playee pante State: Zip Code dategory (See Categories listed at the top of this schedule) Description PURPOSE tisement EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY f direct expenditure to benefit C/OH gandidate / Officeholder name Office sought Office held City: State: Zip Code Description sket ect. PURPOSE 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

SCHEDULE F1

1 5 600		AL CONTRIBUTIONS
If the requ	uested inform	ation is not applicable, DO NOT include this page in the report.
	ng se ations Made By holder/Political Con	EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Coffice Overhead/Rental Expense Food/Beverage Expense Girl/Awards/Memorials Expense Fronting Expense Legal Services Expenditure CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Coffice Overhead/Rental Expense Frankling Expense Polling Expense Frankling Expense Salaries/Wages/Contract Labor Travel Out Of 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 S	chedule F1: 2 I	FILER NAME STALL DOMING 3 FILER (Entires Commission Filers)
4 Cate 0/22	0/23	Brookshire Brothers
6 Amount (\$)	7	City: State; Zip Code
8 PURPOS OF EXPENDIT	ie y	Category (See Categories listed at the top of this schedule) (b) Description (b) Description (b) Description (c) Description (d) Description (e) Description (f) Description (f) Description (h) Description
9 Complete <u>ONI</u> expenditure to		Candidate / Office holder name Office sought Office held
Date Amount (\$)	23	ayee name Melissa Mintgome ayee appress State: Zip Code
\$200	.00	Lategory (See Categories listed at the top of this scheduld) Description
PURPOS OF EXPENDIT	1 /	neet + greet Catering
Complete <u>ONL</u> (expenditure to b		Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held
Amount (\$)	23 D	Payee name Megan Ellisor ayee address; City; State; Zip Code Coldspring, TX.
PURPOSE OF EXPENDITU	E //	Category (See Categories listed at the top of this schedule) Description With June 1 Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>QNLY</u> expenditure to b		Candidate / Officeholder name Office sought Office held
		ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE

SCHEDULE F1

FROM POLITICAL CONTRIBUTIONS 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 Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Fees Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense
Contributions/Donatons Made By Polling Expense Travel In District Printing Expense
Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Paymen The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Payee name 7 Payee address State: Zip Code (a) Category (See Categories listed at the top of this schedule PURPOSE OF EXPENDITURE (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 Payee name Payee address Zip Code State: Category (See Categories listed at the top of this schedule) PURPOSE EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY f direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Date Payee address; City; State; Zip Code Category (See Description PURPOSE 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

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SCHEDULE E
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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 Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Consulting Expans Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officel older/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) 5 Payee name Amount 7 Payee address; State Zip Code 00 Reimbursement from political contributions intended 8 (a) Calegory (See Categories listed at the top of this schedule) (b) Aescription PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. (c) Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH UMMISS/Wher Date City; State; Zip Code 0 Reimb ent from political cor intended (legory (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 Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address: City; State; Zip Code Reimburserrent from political contributions intended Calegory (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 Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to tempfit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

APPOINTMENT OF A CAMPAIGN TREASURER FORM CTA BY A CANDIDATE PG 1 1 Total pages filed: See CTA Instruction Guide for detailed instructions. MS / MRS / MR CANDIDATE M OFFICE USE ONLY NAME Filer ID# SUFFIX Date Receiv ADDRESS (PO BOX) CANDIDATE STATE: ZIP CODE MAILING Coldspring, TX. ADDRESS Date Hand-definated of Postmarked CANDIDATE PHONE NUMBER EXTENSION Amount \$ PHONE Date Processod OFFICE Date Imaged HELD (if any) OFFICE SOUGH COMMISSIONER (if known) CAMPAIGN SUFFIX TREASURER NAME CAMPAIGN APT / SUITE #; ZIP CODE TREASURER STREET ADDRESS (residence or business) CAMPAIGN PHONE NUMBER EXTENSION TREASURER PHONE 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. am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations. Signature of Candidate **GO TO PAGE 2**

FORM CTA CANDIDATE MODIFIED PG 2 REPORTING DECLARATION 11 CANDIDATE NAME 12 MODIFIED COMPLETE THIS SECTION ONLY IF YOU ARE REPORTING CHOOSING MODIFIED REPORTING DECLARATION - This declaration must be filed no later than the 30th day before the first election to which the declaration applies. .. •• The modified reporting option is valid for one election cycle only. •• (An election cycle includes a primary election, a general election, and any related runoffs.) . Candidates for the office of state chair of a political party may NOT choose modified reporting. .. I do not intend to accept more than \$1,010 in political contributions or make more than \$1,010 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. I understand that if either one of those limits is exceeded. I will be required to file pre-election reports and, if necessary, a runoff report. Signature of Candidate Year of election(s) or election cycle to which declaration applies This appointment is effective on the date it is filed with the appropriate filing authority. TEC Filers may send this form to the TEC electronically at treasappoint@ethics.state.tx.us or mail to Texas Ethics Commission P.O. Box 12070 Austin, TX 78711-2070 Non-TEC Filers must file this form with the local filing authority DO NOT SEND TO TEC For more information about where to file go to: https://www.ethics.state.tx.us/filinginfo/QuickFileAReport.php

	TE / OFFICEHOLDER FORM C/O IN FINANCE REPORT FORM C/O
The C/OH Instruction	Guide explains how to complete this form. 1 Filer ID Turkios Commission Filers) 2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR Mrs. CRYSTAL DITTIN OFFICE USE ONLY Date Recognit
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE / OFFICEHOLDER PHONE	ADDRESS / PO BOX; APT / SUITE N; CITY: STATE; ZIP CODE P. O. BOX 1386 COldspring TX. AREA CODE PHONE NUMBER EXTENSION Date Hind delivered or Date Postman (281) 1559 1204
6 CAMPAIGN TREASURER NAME	MS/NRS/MR MI FIRST MI NICKNAME LAST SUFFIX Date imaged
7. CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: STATE; ZIP CODE 295 Lake Rd Colospina
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (936) 6618282
9 REPORT TYPE	January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) X July 15 Bth day before election Exceeded Modified Reporting Limit
10 PERIOD COVERED	Month Day Year Month Day Year 3/16/23 THROUGH 7/15/23
11 ELECTION	ELECTION DATE Month Day Year Primary Runoff Other Description General Special
12 OFFICE	OFFICE HELD (If any) 13 OFFICE SOUGHT (If known) PC+, 3 COMMISSIONEY SIC
	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPP THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE CONSENT. CANDIDATES AND OFFICEHOLDER'S KNOWLEDGE CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURE COMMITTEE TYPE COMMITTEE NAME
Additional Pages	GENERAL COMMITTEE ADDRESS SPECIFIC COMMITTEE CAMPAIGN TREASHIRER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS
	GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

16 C/OH NAME				16 Filer ID	(Ethics Commission	Filers)
17 CONTRIBUTION TOTALS	PLEDGE	INITEMIZED POLITICAL CONT S, LOANS, OR GUARANTEES BUTIONS MADE ELECTRONIC,	OF LOANS, OR	\$	_	
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e Ponte de la Roma de	4. TOTAL P	OLITICAL EXPENDITURES		\$	3450	73
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OUTSTANDING LOAN TOTALS	LAST DAY	RINCIPAL AMOUNT OF ALL OU OF THE REPORTING PERIOD		THE \$		
18 SIGNATURE I S	wear of affirm under	penalty of perjury, that the a	companying rappet in true	and porror	and ballidge all led	
red	uired to be renorted by	y me under Title 15, Election Co	vie	and correct	and includes all in	ormation
THE STREET AND LINES OF THE			MINDARY	KM	min	
			X VV (2	100		
			Signature of Car	ndidate or C	officeholder U	
Please complete either option below:						
(1) Affidavit						
NOTARY STAMP/SEAL						
Sworn to and subscribed in	pefore me by		this the	da	v of	20
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 administeri	ng oath	Printed name of officer adminis	stering oath	Title	of officer administeri	ng oath
		OR			De Carlo	HSQ-61
(2) Unsworn Declaratio	n				Tales Your	
My name is $\frac{(VUS+a)}{(VUS+a)}$ $\frac{(VUS+a)}{(VUS+a)}$ and my date of birth is $\frac{5-4-197}{(VUS+a)}$						
My address is P.O. BOX 1386 738 FRees I de Lane, Coldspring, 140 17331.						
Executed in SOM TO	CUN County, State	-1.	day of TM	14 .21	$\frac{23}{\text{(year)}}$	
			Signature of Candida	te/Officehold	er (Declarant)	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	19 F	19 FILER NAME (Way tal Doming) 20 Filer ID (Ethics Co		
		CHEDULE SUBTOTALS IAME OF SCHEDULE	SUBTOTAL AMOUNT	
	t,	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	1109901	
	2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	820 m	
	3,	SCHEDULE B: PLEDGED CONTRIBUTIONS	-	
	4	SCHEDULE E: LOANS	-	
	5,	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$	235013	
Street, jord	6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$		
	7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS \$	Trust III	
water wile	8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	9.1TE	
	9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS \$	100.00	
	10.	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 CONTRIBUTIONS RETURNED TO FILER			

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 Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Office Overhead/Rental Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Travel Out Of District Printing Expense 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. 3 Frier (D (Ethics Commission Filers) FILER NAME 1 Total pages Schedule F1: 2 4 Date Zip Code City; State: 6 Amount Payee address; (a) Category (See Categories listed at the top of this schedule) (b) Description 8 PURPOSE OF EXPENDITURE nest if Austin TV officebolder fining evnence Chock if travel autaids of Yours, Complete Schooled T (0) Office held Candidate, Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Zip Code Payce addres Category (See Catego PUPPOSE EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (5) Payee address; Zip Code Description Category (See Categories listed at the top of this schedule PURPOSE **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Event Expense Loan Repayment/Relmbursement Solicitation/Fundralsing Expense Accounting/Banking Fees Food/Beverage Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Travel in District Consulting Expense Contributions/Donations Made By Polling Expense Printing Expense GlfVAwards/Memorials Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salarles/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 F1 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 5 Payername 7 Payee address; Amount (\$) City; State; Zip Code 8 (b) Description PURPOSE EXPENDITURE Candidate / Officeholder name 9 Complete ONLY if direct Office held expenditure to benefit C/OH Payee name Date Payee address City; Zip Code State: Description DUBBOSE OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Payee name Date mount (\$) Payee address; City; State; Zip Code Category (See Categories lis Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T, Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete **QNLY** if direct Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Accounting/Banking Consulting Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Gilt/Awards/Memorials Expense Polling Expense Contributions/Donations Made By Travel In District Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wagos/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 F1: 2 FIOR NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name Amount (\$) 7 Payee address: Zip Code (b) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate 4Officeholder name Office sought expenditure to benefit C/QH Payee nag Payee address State: Zip Code Category Description **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 Pavee name Payee address; City; State; Zip Code Category (See Categories listed a Description PURPOSE OF **EXPENDITURE** Check if travel outside of Texas. Cor Check if Austin, TX, afficeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

the manual manua	report.
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1,
2 FILER NAME Crypta Doming	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor Deut-of-state PAC (ID): 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
8 Principal occupation / Job time (See Instructions) 9 Employer (See Instruct White (See Instruct) 9 Employer (See Instruct)	ions)
Date PAT name of contributor out-of-state PAC (ID).	Amount of contribution +(\$)
Contributor stidiess; City: State; Zip Code Cold Spring TX. 1733,	\$ 200
Employer (See Instructions) Employer (See Instructions)	ons)
Date Full name of contributor Out-of-state PAC (ID#	Amount of contribution (\$)
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Date 6/23 Edde + LeArn Ellis & Contributor address; City; State; Zip Code	Amount of contribution (\$)
Frincipal occupation / Job title (See Instructions) Resembled Residues Resembled Residues Re	runal Duner

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A1

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

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The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Crystal Dominy	3 Filer ID (Ethics Commission Filers)
5 Juli name of contributor out-of-state PAC (IDB.) 6 Contributor address City: State, Zip Code CONTROL X 13	7 Amount of contribution (\$) \$\\$2000
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 9 Comps	tions)
Date Full name of contributor Out-of-state PAC (IDF:	Amount of contribution (\$)
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Contributor address, City; Sate; Zip Code	Amount of contribution $(\$)$
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)
Date Full name of contributor Contributor address; City; State; Zip Code	Amount of contribution (\$)
Magnolia IX.	
Principal occupation / Job title (See Vistructions) Employer (See Instructions)	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A1

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	in the requested information is not applicable, be not include this page in the report.
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	Date Full name of contributor [] out-of-state PAC (ID)
	3 Les les Deana Calloway Contributor address; City; State; Zip Code Coldspring, X.
	Principal occupation / Job title (See Instructions) Howe Morgage Retired Employer (See Instructions)
	Full name of contributor Amount of contribution (\$) Amount of contribution (\$) City: State: Zip Code Amount of contribution (\$)
	Principal occupation / Job title (See Instructions) Employer (See Instructions) OWNER

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

SCHEDULE A1

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

The I	nstruction Guide explains how to complete this form.	1 Total pages Schedule A1
2 FILER NAME	Crystal Dominy	3 Filer ID (Ethics Commission Filers)
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8 Principal ocolo	Wan / Job title (See Instructions) 9 Employer (See Instructions)	structions)
Date 27	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
17-23	Bobby Mc Adams Contributor address; Contributor address; State; Zip Code	#200
la l	1 leveland. V. 17	328
Principal Scupa	ion / Job title (See Instructions) Employer (See Ins	
Principal oculupa	Full hame of contributor	Amount of contribution (\$) \$\frac{1}{8}\$ Structions)
Principal occupat	Full name of contributor out-of-state PAC (IDM. Contributor address) City, State; Zip Code Contributor address (See Instructions) Employer (See Instructions)	

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

SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1
FILER NAME Crystal Dominus	3 Filer ID (Ethics Commission Filers)
Date 5 Full name of contributor Quit-of-state PAC (ID#)	7 Amount of contribution (\$)
6 Contributor address: Gly Sherman	#200
Contributor address; State; Zip Code V PUP and TV17	200
Principal occupation / Joh title (See Instructions) 9 Employer (See Instructions)	D) 0 tions)
Willall Farm + Kangh	
Date Full name of contributor out-of-state PAC (ID):	Amount of contribution (\$)
Contributor address; City; State; Zip Code	4050
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Coldspring IX 7733	4 00
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Schull teacher (O)	CISD
Date Full name of contributor Quit-of-state PAC (IDIF.	Amount of contribution (\$)
Contributor address, City, State; Zip Code	\$50
Cheveland TV 17220	
rincipal occupation / Job title (See Instructions) Employer (See Instructions)	ons)

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 11/15/2022

SCHEDULE A1

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

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The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1		
2 FILER NAME Crystal Dominy	3 Filer ID (Ethics Commission Filers)		
4 Date 375 Full name of contributor out-of-state PAC (ID)	7 Amount of contribution (\$)		
6 Contributor address; City: State; Zip Code	\$ 200.		
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruc	lions)		
Selfowner of Irusings Pipeli	ne company		
Date 3 Full name of contributor	Amount of contribution (\$)		
102 NO SUSANI CAMB	\$500 cash		
Contributor address; Cliy; State; Zip Code	\$1000 Check		
Principal occupation / Job title (See Instructions)	/ (sous)		
CPA Self	employed		
Date Full name of contributor out-of-state PAC IIII	Amount of contribution (\$)		
Contributor address: City, State; Zip Code	\$250		
Contributer address, City, State; Zip Code (U) (Spring, TX, 1733)			
Principal occupation / Job title (See Instructions) Employer (See Instructions) AUGUST AUGU	employed		
Date 2 Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)		
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If contributor is out-of-state PAC, please see Instruction guide for additional re	sporting requirements.		

SCHEDULE A1

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BI	Winds (See Instructions)	9 Employer (See Instruc	ctions)
and Date	Full name of contributor out-of-state	PAG (ID)	Amount of contribution (\$)
N-10-3	B Kandy Hum Contributor address: City;	nphrey zip code	\$ 75
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- U - 7			
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If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report. Total pages Schedule A2: The Instruction Guide explains how to complete this form. 2 FILER NAME, 3 Filer ID (Ethics Commission Filers) TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 6 Full name of contributor Amount of In-kind contribution Contribution \$ Check if travel outside of Texas. (FOR NON-JUDICIAL) (See Instructions) 11 Employer (FOR NON-JUDICIAL) (See Instructions) (FOR JUDICIAL) 13. Contributor's job title (FOR JUDICIAL) (See Instructions) . 14 Contributor's employer/law firm (FOR JUDICIAL) ouse (If any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Full name of contributor Amount of In-kind contribution Contribution \$ State: Zip Code Check if travel outside of Texas. Complete Schedule T Employer (FOR NON-JUDICIAL) (See Instructions) Contributor's principal occupation (FOR JUDIO Contributor's job title (FOR JUDICIAL) (See Instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

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

in the requested information is not applicable, be not include this page in the report.			
The Instruction Guide explains how to complete this for	m. 1 Total pages Schedule A2:		
2 FILER NAME CRYSTA DOMING	3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS \$		
6 Full name of contributor out-of-state PAC (ID#: A 23 7 Contributor address; City; State; CO SPYING, TX. NY	B Amount of sontribution \$ lon-kind contribution description Zip Code Check if travel outside of Toxas. Complete Schedule T		
10 Experipel occupation / Job title (FOR NON-JUDICIAL) (See Instructions) 12 Contributor's principal occupation (FOR JUDICIAL)	11 Employer (FOR NON-JUDICIAL) (See Instructions) 13 Contributor's job little (FOR JUDICIAL) (See Instructions)		
	19 Continuo o Journa (1 Ot account of 600 mondarions)		
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date Full name of contributor out-of-state PAC (IDS:	Amount of Contribution \$ In-kind contribution description \$ Select Make Zip Code Check if travel outside of Texas. Complete Schodule T		
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL) (See Instructions)		
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
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

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2 FILER NAME (Mystal Dominy	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS \$	
5 Date 6 Full name of contributor Out-of-state PAC (IDB:	Zip Code 8 Amount of 9 In-kind contribution description Contribution \$ description DASKET Check travel outside of Texas, Complete Schedule T.	
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12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law film (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date Full pame of contributor out-of-state PAC (ID#: Date Full pame of contributor out-of-state PAC (ID#: Contributor address; City; State;	Amount of Contribution \$ Joseph Dack Complete Schedule T.	
Principal occupation / Job little (FOF NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
ATTACH ADDITIONAL COPIES OF T		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report. The Instruction Guide explains how to complete this form. 1 Total pages Schedule A2: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$ 6 Full name of contributor Date out-of-state PAC (ID# Amount of In-kind contribution Contribution \$ Zip Code 10 Principal occupation / Job little (FOR NON-JUDICIAL) (See Instructions) 11 Employer (FOR NON-JUDICIAL) (See Instructions) 12 Contributor's principal occupation Contributor's job title (FOR JUDICIAL) (See Instructions). 14 Contributor's employer/law firm (FOR JUDICIAL) 16 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Full name of contributor Out-of-state PAC (ID# Date Amount of In-kind contribution Contribution \$ description Contributor address; City; State: Zip Code Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Employer (FOR NON-JUDICIAL) (See Instructions) Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See Instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

1	The Instruction Guide explains how to complete this form.	1	Total pages Schedule F3	:
FILER NAME		3	Filer ID (Ethics Commiss	lon Filers)
Date	5 Name of person from whom investment is purchased	-		
	6 Address of person from whom investment is purchased;	Clty;	State;	Zip Code
TREE BACKERS	7 Description of investment	-14E	- 150 Marine Sor	
no a management		1441	relationary metallicines	-
	8 Amount of investment (\$)			
Date	Name of person from whom investment is purchased คับน่าของ อภ์ person ก็เอกา พกิเอกา กาจอร์เกอาน์ is purchased,	Giya	Siato,	Ζην Οινίο
	Description of investment		2	
	Amount of Investment (\$)			

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested info						
	E	EXPENDITURE CATE	EGORIES FOR	R BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi	By Cal Committee Legal	Il Exponse l'Ouverage Expense www.rls/Memorials Exnense Il Services	Loan Repaymo Office Overhea Polling Expens Printing Expens Salaries/Wage	nt/Reimbursement ad/Rental Expense se s/Contract Labor	Travel In District	ipment & Related Exper
	The	e Instruction Gulde expla	ains how to comp	olete this form.		
1 Total pages Schedule F4:	2 FILER NAME	Ē			3 Filer ID (Ethics	Commission Filers)
4 TOTAL OF UNITER	MIZED EXPEND	ITURES CHARGEI	DTOACRED	DITCARD	\$	
5 Date	6 Payee name				1	
7 Amount (\$)	8 Payee addres	ss;	10	City;	State;	Zip Code
0		1	1 1			
9 TYPE OF EXPENDITURE	Politice		Non-Politica	ıl		
PURPOSE OF EXPENDITURE	(a) Category (See (atmentos listed at the top of thi	s schedule) (b) Description		
	(c) Check in	ftravel outside of Texas, Complete	Schedule T.	Check if Aus	stin, TX, officeholder livin	g expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate	/ Officeholder name	Office	sought	Office h	eld
Date	Payee name					
Amount (\$)	Payee addres	s;		City;	State;	Zip Code
TYPE OF EXPENDITURE	Political	L	Non-Political			
PURPOSE OF EXPENDITURE	Category (See C	alegories listed at the top of this	schedule)	Description		
	Check if	travel outside of Texas, Complete I	Schedule T.	Check if Aus	tin, TX, officeholder living	
Complete ONLY if direct expenditure to benefit C/OH		Officeholder name	Office s		Office he	
	ATTACH ADD	ITIONAL COPIES O	F THIS SCHE	DULE AS NEE	DED	

LOANS SCHEDULE E 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 E: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED LOANS \$ Date of loan 7 Name of lender out-of-state PAC (ID#: 9 Loan Amount (\$) **b** Is lender 8 Lender address; 10 interestrate City: a financial Institution? 11 Maturity date N 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) 14 Description of Collateral: 15 Check if personal funds were deposited into political none account (See Instructions) 16 GUARANTOR 17 Name of guarantor 19 Amount Guaranteed (\$) INFORMATION 18 Guarantor address; City; State; Zip Code not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Date of loan out-of-state PAC (III#:____ Loan Amount (\$) ls lender Lender address; Interest rate City; State; Zip Code a financial Institution? Maturity date Principal occupation / Job title (See Instructions) Employer (See Instructions) Description of Collateral Check If personal funds were deposited into political account (See Instructions) I HOME GUARANTOR Name of guarantor Amount Guaranteed (\$) INFORMATION Guarantor address; City; State; Zip Code not applicable 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.

PLEDGED CONTRIBUTIONS SCHEDULE B If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED PLEDGES \$ 5 Date 6 Full name of pledgor out-of-state PAC (ID#:_ 8 Amount 9 In-kind contribution of Pledge \$ description 7 Pledgor address: City: State: Zin Code Check if travel outside of Texas. Complete Schedule T 10 Principal occupation / Job title (See Instructions) (See Instructions) Full name of pledgor out-of-state PAC (ID#: Amount in-king contribution of Pledge \$ description CHY: Pledgor address: State Zip Code Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of pledgor Amount of out-of-state PAC (ID#: In-kind contribution Pledge \$ description Chadger address; City State; Zip Code Check if travel outside of Texas, Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of pledgor In-kind contribution out-of-state PAC (ID#: Amount of Pledge \$ description . Pledgor address: City; State; Zip Code Chinely if troud or halds of Towns. Complete Catholists T 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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

	The Instruction Guide explains how to complete this for	m _a .	1 Total pages Schedule A2:		
2 FILER N	AME		3 Filer ID (Ethics Commission Filers)		
4 TOTAL	OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$		
5 Date	6 Full name of contributor out-of-state PAC (ID#:	Zip Code	8 Amount of Contribution \$ In-kind contribution description		
	occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		er (FOR NON-JUDICIAL)(See Instructions)		
2 Contribute	or's principal occupation (FOR JUDICIAL) -«		utor's job title (FOR JUDICIAE) (See Instructions)		
14 Contribute	or's employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (If any) (FOR JUDICIAL)		
16 If contribu	tor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor	Zip Code	Amount of In-kind contribution description Contribution \$ In-kind contribution In-kind		
Principal o	occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)		
Contributo	r's principal occupation (FOR JUDICIAL)	Contribu	itor's job title (FOR JUDICIAL) (See Instructions)		
Contributo	r's employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)		
If contribut	tor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
		13			

DI need now

	The Instruction Guide explains how to complete	
	•• Complete only if "Report Type" on page 1 is marke	d "Final Report" ••
	Chunt	2 Filer ID (Ethics Commission Filers)
SIGN	APURE	
400.9	ot expect any further political contributions or political expenditures in connectior nating a report as a final report terminates my campaign treasurer appointment. aign contributions or make any campaign expenditures without a campaign treas	I also understand that I was a
	Section in the second section in the section in the second section in the section in the second section in the section in the second section in the	ignature of Candidate / Officeholder
FILEF	RWHO IS NOT AN OFFICEHOLDER	
•• Coi	nplete 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 ear	ned from political contributions.
	I have unexpended contributions or unexpended interest or income ermay not convert unexpended political contributions or unexpended i personal use. I also understand that I must file an annual report of unexpended contributions or unexpended interest or income earned o filing this final report. Further, I understand that I must dispose of unexpended interest or income earned on political contributions in accordance with the requirements.	n political contributions to and that I may not retain er than is years after
B.	ASSETS	
Chec	k 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 incomplete that I may not convert assets purchased with political contributions or interest of personal use. I also understand that I must dispose of assets purchased with personal use. See Election Code, § 254,204	Fother income from = Bit = 1
	Sec.	N
		Signature of Candidate
	HOLDER	
Comp	elete this section only if you are an officeholder	
	am aware that I remain subject to filing requirements applicable to an officeholder value. I am also aware that I will be required to file reports of unexpended contribution of officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	no if taffau filia - AL - fateballo alless all a second
	political contributions or interest or other income from political contributions.	ochribations, or assets purchased with

APPOINTMENT OF A CAMPAIGN TREASURER FORM CTA BY A CANDIDATE PG 1 1 Total pages filed: See CTA Instruction Guide for detailed instructions. MS / MRS / MR CANDIDATE OFFICE USE ONLY NAME Filer ID # NICKNAME SUFFIX ADDRESS (PO BOX) CANDIDATE ZIP CODE MAILING Coldspring, TX. ADDRESS Date Hand-CANDIDATE AREA CODE PHONE NUMBER EXTENSION Receipt# PHONE **OFFICE** Date Imaged HELD (if any) OFFICE SOUGHT (if known) **CAMPAIGN** SUFFIX **TREASURER** NAME APT / SUITE #; CAMPAIGN ZIP CODE TREASURER STREET **ADDRESS** (residence or business) AREA CODE CAMPAIGN PHONE NUMBER EXTENSION TREASURER PHONE 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

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			ICEHOLDER CE REPORT		FORM C/OH COVER SHEET PG 1
The C/OH Instruction	Guide	explains how	v to complete this form,	1 Filer ID (Ethics Commission Filers)	2 Total pages filed;
3 CANDIDATE/ OFFICEHOLDER NAME		MRS/MR	, (rystal	Lyan.	OFFICE USE ONLY Date Recoived County
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Acdress 5 CANDIDATE / OFFICEHOLDER	ARE	old	BAX 1386	STATE: ZIP CODE	Date Hangide (world or Date Position rived
PHONE 6 CAMPAIGN TREASURER NAME	is	(S) (1 MRS)MR KNAME	Christin LAST	MI SUFFIX	Receipt # Amount 8 Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STF	REET ADDRESS	INO PO BOX PLEASE): APT / SU	JITE#; CITY:	STATE: ZIP CODE
8 CAMPAIGN TREASURER PHONE	ARE	3 (c) (PHONE NUMBER	EXTENSION)	
9 REPORT TYPE		January 15 July 15	30th day before el	Constitution of the state of th	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED		Month	0ay Year / 26/2 Y	THROUGH A	24/24
11 ELECTION	Mor	ELECTION DAY	Year Primary General	Runoff Other Description Special	
12 OFFICE	OFFI	CE HELD (if any)	13 PERIOR SOLIGHT (IF KNOWN	Commissioner
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE C	ANDIDATE ! OFFI	CEHOLDER. THESE EXPENDITURES S AND OFFICEHOLDERS ARE REQUIR	MAY HAVE BEEN MADE WITHOUT THE CAND	ADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEGGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.
	COM	NITTEE TYPE	COMMITTEE NAME		
Additional Pages		GENERAL	COMMITTEE ADDRESS		
		SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME	
			COMMITTEE CAMPAIGN TRE	ASURER ADDRESS	
			GO TO	PAGE 2	

17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER T PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 2. TOTAL POLITICAL CONTRIBUTIONS	_	ID (Ethics C	ommiss on 1	Filers)
TOTALS PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CCNTRIBUTIONS MADE ELECTRONICALLY) 2. TOTAL POLITICAL CONTRIBUTIONS	HAN			
		\$		
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOA	NS)	\$ 80	923	3,2"
EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$		
4. TOTAL POLITICAL EXPENDITURES		\$ 8 8	372	30
CONTRIBUTION BALANCE 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE OF REPORTING PERIOD	LAST DAY	\$ 5	10.6	07
OUTSTANDING 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS LAST DAY OF THE REPORTING PERIOD	S OF THE	\$		
Please complete either option bel	ow:			
NOTARY STAMP/SEAL				
wom to and subscribed before me by this the	ne	day of		
0, to certify which, witness my hand and seal of office.				
gnature of officer administering oath Printed name of officer administering oath		Title of officer	administer	ing oath
y name is	TK. 7	1733 (3 cip code) 1. 20 <u>9</u> (year)	971 Sán Ja (country)	LAS Can h
Signature of Car ms provided by Texas Ethics Commission www.ethics.state.tx.us	date/Office	holder (Decl	arant) Revised 1	

	SUB ⁻	TOTALS	- C/OH		FORM C/OH SHEET PG 3
19	FILER	Punto	al Dominy	20 Filer ID (Ethics Co	ommission Filers)
21		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1,		SCHEDULE A1:	MONETARY POLITICAL CONTRIBUTIONS		\$89232
2.	工	SCHEDULE A2	NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B:	PLEDGED CONTRIBUTIONS		S
4.		SCHEDULE E:	LOANS		\$
5,	Д	SCHEDULE F1	POLITICAL EXPENDITURES MADE FROM POLITICAL COM	NTRIBUTIONS	\$ 8872.30
6.		SCHEDULE F2:	UNPAID INCURRED OBLIGATIONS		\$
7.		SCHEDULE F3	PURCHASE OF INVESTMENTS MADE FROM POLITICAL (CONTRIBUTIONS	\$
8.		SCHEDULE F4	EXPENDITURES MADE BY CREDIT CARD		s
9.		SCHEDULE G:	POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	DS	\$371.108
10.	*	SCHEDULE H:	PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	s
11.	Ф	SCHEDULE I: N	ON-POLITICAL EXPENDITURES MADE FROM POLITICAL COI	NTRIBUTIONS	s
12,	ф	SCHEDULE K:	INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTI TO FILER	ONS RETURNED	\$

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Full name of contributor out-of-state PAC (ID#:____ 7 Amount of contribution (\$) 6 Contributor address; City: State; Zip Code 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (IC#___ Date Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:____ Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:____ Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

		CEHOLDER CE 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 NICKNAME	(rystal	LYAN SUPTIX	OFFICE USE ONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX		STATE: ZIP CODE	MOV NOW VER 8 8 8
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (28)) (159120	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS MRS MR	Christin.	MI	Date Processed
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS	(NO PO BOX PLEASE); APT/S	N 9	STATE: ZIP CODE
8 CAMPAIGN TREASURER PHONE	(936) (PHONE NUMBER	extension 2	.9
9 REPORT TYPE	January 15	30th day before e		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year / 26/2 4	THROUGH A	24/24
11 ELECTION	Month Day	Year Primary Q Y General	ELECTION TYPE Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	- - '	13 OFFICE SOUGHT (IF known frem nC+ 3	Commissioner
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURES	MAY HAVE BEEN MADE WITHOUT THE CAND	ADE BY POLITICAL COMMITTEES TO SUPPORT IDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.
Additional Pages	GENERAL SPECIFIC	COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREA	ASURER NAME	
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS	
		GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 2 CAMPAIGN FINANCE REPORT** 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN \$ TOTALS PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE TOTAL UNITEMIZED POLITICAL EXPENDITURE TOTALS 4. **TOTAL POLITICAL EXPENDITURES** CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY 5 BALANCE OF REPORTING PERIOD OUTSTANDING TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE \$ LOAN TOTALS LAST DAY OF THE REPORTING PERIOD 18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Please complete either option below: (1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed before me by _____ ___ this the _____ day of ___ _, to certify which, witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath (2) Unsworn Declaration My address is (state) (zip code) (country) County, State of

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH FORM C/OH **COVER SHEET PG 3** 19 FILER NAN 20 Filer ID (Ethics Commission Filers) 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE SUBTOTAL **AMOUNT** 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 CONTRIBUTIONS 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 FUNDS 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$ 11 SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$

The second of th		ICEHOLDER CE REPORT			FORM C/OH COVER SHEET PG 1
The C/OH Instruction	Guide explains ho	w to complete this form.	1 Filer ID (E	Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	Crysta		_ MI	OFFICE USE ONLY
	NICKNAME	LAST	miny	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	P. D. BO	\times 1384	de min	TATE; ZIP CODE	COUN COUN
Change of Address		W	42h ille	1 1031	
6 CANDIDATE/ OFFICEHOLDER PHONE	(28() L	2597204	V 63	TENSION	Date Hand delivered or Daje Postmerked
6 CAMPAIGN TREASURER NAME	MS (MRS/I MR	Christen		MI	Date Processed
NOME	NICKNAME	William	S	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	1	(NO PO BOX PLEASE); APT/S	SUITE #;	CITY;	STATE; ZIP CODE
(Residence or Business)		<u> </u>	dspring	Tx. 17	1331
8 CAMPAIGN TREASURER PHONE	(436) U	PHONE NUMBER 161 BABA	V YEXT	TENSION	5
9 REPORT TYPE	January 15	30th day before	election	Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	ection	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	THROUGH	Month	Day Year / 17 / 2 4
11 ELECTION	ELECTION DA Month Day	Year Primary	Runoff	ELECTION TYPE Other	
	5/28/	24 General	Special	Description	0 -0
12 OFFICE	OFFICE HELD (If any)	7011	13 OFF	FICE SOUGHT (IF KNOWN)	County ammissioner
14 NOTICE FROM POLITICAL COMMITTEE(S)	I THE CANDIDATE / OFFIC	CEHOLDER. <i>THESE EXPENDITURE</i> :	ACCEPTED OR POLIT	TICAL EXPENDITURES MA	ADE BY POLITICAL COMMITTEES TO SUPPORT IDATE'S OR OFFICENOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.
33,000	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
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		GO ТО	PAGE 2		

CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 2 CAMPAIGN FINANCE REPORT** 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) 17 CONTRIBUTION 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN \$ TOTALS PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE TOTALS **TOTAL POLITICAL EXPENDITURES** CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY BALANCE OF REPORTING PERIOD **OUTSTANDING** 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LOAN TOTALS LAST DAY OF THE REPORTING PERIOD I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information 18 SIGNATURE required to be reported by me under Title 15, Election Code. Please complete either option below: (1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed before me by ___ ___ day of _, to certify which, witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath (2) Unsworn Declaration My name is and my date of birth i San Sacinto My address is (street) (country)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH FORM C/OH **COVER SHEET PG 3** 19 FILER NAME 20 Filer ID (Ethics Commission Filers) 21 SCHEDULE SUBTOTALS SUBTOTAL NAME OF SCHEDULE AMOUNT 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 CONTRIBUTIONS 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 FUNDS 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$ 11 SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS S SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED \$ TO FILER

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested inf	formation is not applicable, DO NOT include	e this page in the report.
	EXPENDITURE CATEGORIE	S FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	Fees Office 0 Food/Beverage Expense Polling By Gift/Awards/Memorials Expense Printing	Solicitation/Fundralsing Expense Dverhead/Rental Expense Expense Expense g Expense sr/Wages/Contract Labor Complete this form. Solicitation/Fundralsing 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 WHAL DON	3 Filer ID (Ethics Commission Filers)
4 Date 4-5-24	5 Payee name Walgalen	
6 Amount S Rembulsement from political contributions intended	7 Payee address;	Oleveland, TX. M328.
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Candidate Officeholder name	Check if Austin, TX, afficeholder living expense Office sought Office held
9 Complete ONLY if direct expenditure to benefit C/OH	Crystal Dominy 1	Ct3 SIC Commissioner
3-21-24	Food Promotio	n5
Amount (\$) Kelmbilisament from political contributions intended	Payce address;	City, State; Zip Code Cleveland, Tx. 77328
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 Auslin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	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 <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