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. MS / MRS / MR OFFICE USE ONLY 3 CANDIDATE/ OFFICEHOLDER **Date Received** NAME **ELECTIONS** ADDRESS / PO BOX; 4 CANDIDATE/ **OFFICEHOLDER** 888 CR 24900 Roxton FEB 0 5 2024 **MAILING ADDRESS** Change of Address Date Hand-delivered or Date Postmarked AREA CODE PHONE NUMBER 5 CANDIDATE/ **OFFICEHOLDER** 449.4034 (903)PHONE Amount \$ Receipt # MS / MRS / MR **CAMPAIGN TREASURER** Date Processed NAME NICKNAME Date Imaged ZIP CODE STATE: STREET ADDRESS (NO PO BOX PLEASE); 7 CAMPAIGN TREASURER cn 24900 Roxton **ADDRESS** (Residence or Business) EXTENSION PHONE NUMBER AREA CODE 8 CAMPAIGN TREASURER 449,6034 PHONE 15th day after campaign 9 REPORT TYPE 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) **Exceeded Modified** Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD COVERED 15/24 THROUGH **ELECTION TYPE** 11 ELECTION Runoff Other Day Month Description Special 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S REREQUIRED 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

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

CAMPAIGN	FINANCE REPORT	
15 C/OH NAME	16 Filer	ID (Ethics Commission Filers)
7 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)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 364.56
	4. TOTAL POLITICAL EXPENDITURES	\$ 364.56 \$ 364.56
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
8 SIGNATURE I s	wear, or affirm, under penalty of perjury, that the accompanying report is true and coursed to be reported by me under Title 15, Election Code.	orrect and includes all information
req	uned to be reported by the under this 10, Election electric	
	Signature of Candidate	or Officeholder
	Please complete either option below:	
	, nearest participation of the second participation of the	
(1) Affidavit	HANNAH BAXTER Notary Public STATE OF TEXAS ID# 132900137 My Comm Exp. Jan. 19 2025	
NOTARY STAMP/SEA		
	before me by <u>Curtis Graham</u> this the <u>5</u>	day of
Dunk	which, witness my hand and seal of office. Rayler Hannah Baxter	Votary PUBLIC Title of officer administering oath
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer authinistering out
	OR	
(2) Unsworn Declarati	on	
My name is	, and my date of birth is	
		,
anger and the second second	(street) (city) (state)	(zip code) (country)
Executed in	County, State of, on the day of(month)	, 20 (year)
	Signature of Candidate/Offi	ceholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	20 Filer ID (Ethics Com	mission Filers)
19	FILER NAME	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	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	\$ 3 to 4.56
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.	CONTRIBUTIONS RETURNED	\$

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	cal Committee Legal Services Salaries/Wages/Contract Labor Cities (Cities Contract Labor)			
Cledit Cald Payment	The Instruction Guide explains how to complete this form.			
1 Total pages Schedule G:	2 FILER NAME WHIS R. GYANAM 3 Filer ID (Ethics Commission Filers)			
4 Date	5 Payee name City: State: Zip Code			
6 Amount (\$) ₹0. ∞	7 Payee address;			
Reimbursement from political contributions intended	2330 Lamar Ave Paris TX 75460			
8	(a) Category (See Categories listed at the top of this schedule) (b) Description			
PURPOSE OF EXPENDITURE	Printing Expense Carcis			
EXPENDITORE	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
9	Candidate / Officeholder name Office sought Office held			
Complete ONLY if direct expenditure to benefit C/OH				
Date	Republican Women of Red River Valley			
Amount (\$) 2 C (2)	Payee address; City; State; Zip Code			
25.				
Reimbursement from political contributions intended				
DUDDOSE	Category (See Categories listed at the top of this schedule) Description			
PURPOSE OF	Event Expense Table for Meet & Greet			
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			
1125 12000	A Piece of cake			
Amount (\$) 64.00	City: State: Zip Code			
E1	1205 Clarksville St. Pan's TX 75460			
Reimbursement from political contributions intended				
PURPOSE	Category (See Categories listed at the top of this schedule) Description			
OF	For Beverage Expense Coukies			
EXPENDITURE	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				

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

Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Salarica	Expense Travel Out Or District (Wages/Contract Labor Other (enter a category not listed above) complete this form.
1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
1 au aua4	5 Payee name DRI Printing Service	. \$
6 Amount (\$) 244,56	7 Payee address;	City; State; Zip Code
Reimbursement from political contributions intended	8000 Haskell Aue	Los Angeles, CA 91406
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF	Advertising Expense	Mail out cards
EXPENDITURE	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9	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
Reimbursement from political contributions intended		
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description
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/		
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
Reimbursement from political contributions intended		
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description
EXPENDITURE	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
experiunate to benefit 0/011	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED