CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 2 Total pages filed: 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE / MI OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received SUFFIX HAND 4 CANDIDATE / ADDRESS / PO BOX: APT / SUITE #: STATE: ZIP CODE **OFFICEHOLDER** FEB 2 3 2024 MAILING **ADDRESS** DELIVERED Change of Address AREA CODE 5 CANDIDATE/ PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (903)PHONE Receipt # Amount S MS / MRS / MR 6 CAMPAIGN MI **TREASURER** Date Processed NAME NICKNAME SUFFIX Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE: 7 CAMPAIGN ZIP CODE **TREASURER** TX **ADDRESS** (Residence or Business) AREA CODE 8 CAMPAIGN PHONE NUMBER EXTENSION **TREASURER** PHONE (903)9 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 X 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD COVERED 02/26/2024 01/26/2024 THROUGH ELECTION DATE ELECTION TYPE 11 ELECTION Primary Runoff Description

GO TO PAGE 2	GO	TO	PA	GE	2	
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General

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

COMMITTEE NAME

COMMITTEE ADDRESS

Special

13 OFFICE SOUGHT (if known)

County

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 OFFICEHOLDER'S KNOWLEDGE TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

Commissioner, Pct. 1

12 OFFICE

14 NOTICE FROM POLITICAL COMMITTEE(S)

Additional Pages

03/05/2024

OFFICE HELD (if any)

COMMITTEE TYPE

GENERAL

SPECIFIC

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

CAMPAIGN FI	NANCE REPORT	COVER SHEET FOR
15 C/OH NAME Randy	L. Boren	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION 1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS 3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
4.	TOTAL POLITICAL EXPENDITURES	\$ 1,030.43
CONTRIBUTION 5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD	ST DAY \$
OUTSTANDING 6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	FTHE \$
		andidate or Officeholder
	Please complete either option below	N:
(1) Affidavit	PAULA WHITENER Notary Public STATE OF TEXAS 10# 13152874-7 My Comm. Exp. May 19, 2026	
NOTARY STAMP/SEAL Sworn to and subscribed before	e me by Randu Boven this the	231d day of February
Jona I	, witness my hand and seal of office.	universal Bank
Signature of officer administering oa	oth Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declaration		
My name is RANIDY	LY NN Roman and my date of birth i	s 9-8-1959
My address is 643 Fm	196 Pathonoille	TX 75468 LAMAR
lans	(Silcot)	(state) (zip code) (country)
Executed in LOUVE	County, State of	
	Signature of Cand	didate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	19 FILER NAME 20 Filer ID (Ethics Con		
	Randy L. Boren		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL 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 CONTRIBUTI	ons \$	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	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	\$ 1,030.43	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINES	SS OF C/OH \$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTE	ions \$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETO FILER	TURNED \$	

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 E	3OX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made 8 Candidate/Officeholder/Politic Credit Card Payment		Rental Expense Travel In District Travel Out Of District Contract Labor Other (enter a category not listed above)
Total pages Schedule G:	2 FILER NAME Randy L. Boren	3 Filer ID (Ethics Commission Filers)
2-2-24	5 Payoe name / Signs on the cheap. com	
Reimbursement from political contributions intended	7 Payee address: 11550 Stone Hollow Dr.	City; State; Zip Code Austin, TX 78758
PURPOSE OF EXPENDITURE	Advertising Expense (c) Check if travel outside of Texas. Complete Schedule T.	Vard Signs Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ounty Commissioner, fct./
Date 2-7-24	Payee name East Texas Broad Cas	ting
Amount (\$)308.00	2810 Pine Mill Rd.	City: State: Zip Code Paris, TX 75460
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top of this schedule) Advertising Expense Check if travel outside of Texas. Complete Schedule T.	Description Radio Ads Check if Auslin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name Office OH Randy L. Boren Co	sunty Commissioner, Pct.1
2-21-24	Fast Texas Broad	<u> </u>
Amount (\$) H20,00 Reimbursement from political contributions intended	Payee address: 2810 Pine Mill Rd.	Paris, TX 75460
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top of this schedule) Advertising Expense Check if travel outside of Texas. Complete Schedule T.	Padio AdS Check If Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O)	O wilder / Officerholder name Office	ce sought Office held ounty Commissioner, Pct. 1
	ATTACH ADDITIONAL COPIES OF THIS SCHE	DULE AS NEEDED
	www.ethics.state.tx.us	Revised 1/1/202