CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

· · · · ·						
The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Ethics	Commission Filers)	2 Total pages fi	led:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MS	FIRST SHERYL		MI		USEONLY
	NICKNAME	LAST HA		SUFFIX	Waller Co. I	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX		AUER TX	S. 72'	JAN 17 RECEIN	
Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTEN	SION		d or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MS NICKNAME	FIRST ELIZABI LAST	eth e	MI WING SUFFIX	Receipt # Date Processed	Amount \$
		HARTLE	4	Gerri k	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS P.O. BOX	NO PO BOX PLEASE); APT / SI 1045		IEMPSTE	AD TX	ZIP CODE 77445
,				- The Wa	aller County Election	s Office was closed
8 CAMPAIGN TREASURER PHONE	AREA CODEPHONE NUMBEREXTENSIONto the public on January 16, 2024 due to an inclement weather day. All reports stamped January 17, 2024 are considered TIMELY.					
9 REPORT TYPE	January 15	30th day before e	lection R	unoff		fter campaign ppointment er Only)
	July 15	8th day before ele	GGOIL	cceeded Modified	Final Repo	rt (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year 14 / 2023	THROUGH	Month	Day Yea	
11 ELECTION	ELECTION DA Month Day 03/05/	Year Primary	Runoff Special	ELECTION TYPE		
12 OFFICE	OFFICE HELD (if any)		1	ER COUNT	,	TATTORNEY
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	CE OF POLITICAL CONTRIBUTIONS CEHOLDER. THESE EXPENDITURES AND OFFICEHOLDERS ARE REQUI	ACCEPTED OR POLITICA	LEXPENDITURES M	ADE BY POLITICAL CO	MMITTEES TO SUPPORT
0011111122(0)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TRE	ASURER NAME			
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS			
		GO TO	PAGE 2	· iver i r ent		
The second second second second second second second second						and the second

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME S	1ERYL HA	6 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3400.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 15,841.69
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY \$ 3400.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T LAST DAY OF THE REPORTING PERIOD	^{HE} \$ 25,000.00
	wear, or affirm, under penalty of perjury, that the accompanying report is true a juired to be reported by me under Title 15, Election Code.	and correct and includes all information
		1
	Tubb	
	- Just	114
	Signature of Cand	idate or Officeholder
	Please complete either option below:	
/d) Afficiencia		
(1) Affidavit		
NOTARY STAMP/SEAL	-	
Swom to and subscribed	before me by this the	day of
20, to certiny	which, witness my hand and seal of office.	
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declaratio	on	
My name is Sh	cryl Ha, and my date of birth is	02/15/1992
My address is P.O.		
		te) (zip code) (country)
Executed in WALL	ER County, State of TEXAS , on the 15th day of JANU	
		(year)
	Signature of Candidat	eOfficeholder (Declarant)
$(1, m) \in \mathbb{C}^{n} \times $		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILERNA	SHERYLHA	20 Filer ID (Ethics Co	mmis	sion Filers)	
		ILE SUBTOTALS F SCHEDULE			SUBTOTAL AMOUNT	
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	3400.00		
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTION	S	\$	0.00	
3.	X		\$	200.00		
4.	X	SCHEDULE E: LOANS				
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS				0 : 00	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS				0.00	
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS				0.00	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00	
9.	X	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL	FUNDS	\$	15,841.69	
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS T	O A BUSINESS OF C/OH	\$	0.00	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL	CONTRIBUTIONS	\$	0.00	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIL TO FILER	BUTIONS RETURNED	\$	0.00	

The	Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: 2
FILER NAME	SHERYL HA		3 Filer ID (Ethics Commission Filers)
4 Date	 5 Full name of contributor □ out-of-state PAC (II LARRY PARR 6 Contributor address; City; UOG18 HOLIK HEMPSTEAD 	State, Zip Code	7 Amount of contribution (\$) \$ 100.00
8 Principal occup	pation / Job title (See Instructions) 9	Employer (See Instruct	ions)
Date	DORA ANN GOSTECNIK	D#) State; Zip Code N, TX 17423	Amount of contribution (\$) \$150.00
Principal occup ATTORN	ation / Job title (See Instructions)	Employer (See Instruct	
Date	CHRISTINE COCKRELL Contributor address; City;	D#) State: Zip Code	Amount of contribution (\$) \$250.00
Principal occup ATTORN	3010 ENGELKE ST, HOUSTON ation / Job title (See Instructions) EN	Employer (See Instruct	INER LAW FIRM
Date	Full name of contributor JOEL TRIMM Contributor address; City: 32225 U.S. 90 BUS, BROOKSH	D#) State: Zip Code	Amount of contribution (\$) \$ 200.00
	ation / Job title (See Instructions)	Employer (See Instruct WALLER COUN	

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	ARY POLITICAL CONTRIBU		SCHEDULE A1
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 2
2 FILER NAME	SHERYL HA		3 Filer ID (Ethics Commission Filers)
4 Date 12 17 2023	 5 Full name of contributor □ out-of-state PAC TED KRENEK 6 Contributor address; City; 32225 U.S.90 BUS, BROOKSI 	7 Amount of contribution (\$) \$ 2.00.00	
	pation / Job title (See Instructions) 14 JUSTICE OF THE PEACE	9 Employer (See Instruct WALLER COUN	
Date	KENNETH PILCHER		Amount of contribution (\$) \$2500.00
	S OWNER	Employer (See Instruct	EE & WINE CAFÉ
Date	Full name of contributor 🔲 out-of-state PAG Contributor address; City;		Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor Dout-of-state PA	C (ID#)	Amount of contribution (\$)
	Contributor address, City.	State Zip Code	
Principal occuj	J pation / Job title (See Instructions)	Employer (See Instruc	tions)
		·	
CHICK (MATCHING)	ATTACH ADDITIONAL COPIES		

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	ED CONTRIBUTIONS sted information is not applicable, DO NOT in	clude this page	in the report	SCHEDULE B
The	Instruction Guide explains how to complete this	form.	1 Total pages Sched	ule B:
2 FILER NAME	SHERNL HA		3 Filer ID (Ethics C	commission Filers)
4 TOTAL OF	UNITEMIZED PLEDGES		\$	
5 Date	-		8 Amount of Pledge \$	9 In-kind contribution description
	728 AUSTIN STREET HEMPSTEAD, TX 77445		Check if travel outs	' . ide of Texas. Complete Schedule T.
10 Principal occu	pation / Job title (See Instructions)	11 Employer (See		
Date	Full name of pledgor out-of-state PAC (ID#: Pledgor address; City; Sta) ate; Zip Code	Amount of Pledge \$	In-kind contribution description
Principal occur	vation / Job title (See Instructions)	Employer (See		I I. ide of Texas. Complete Schedule T.
Date			Amount of	
	Full name of pledgor 🔲 out-of-state PAC (ID#		Pledge \$	In-kind contribution description
	Pledgor address; City; Sta	ate; Zip Code		
				I, ide of Texas. Complete Schedule T.
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor out-of-state PAC (ID#)	Amount of Pledge \$	I In-kind contribution Gescription
	Pledgor address; City; State	Zip Code		
			Check if travel outs	I ide of Texas. Complete Schedule T.
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
	ATTACH ADDITIONAL COPIES		EASNEEDED	
sense arms summar If a	contributor is out-of-state PAC, please see Inst			requirements.

LOANS			SCHEDULE E
If the requested	information is not applicable, DO NO	T include this page in the rep	port.
The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:
2 FILER NAME	SHERNL HA		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	ITEMIZED LOANS		\$ 25,000.00
5 Date of Ioan 11 /14/2023	7 Name of lender Out-of-state	PAC (ID#)	9 Loan Amount (\$) 25,000.00
6 Is lender a financial Institution? Y N	8 Lender address; City; P. O. BOX 1836 WALL	10 Interest rate 11 Maturity date	
	DD / JOD title (See Instructions) T COUNTY ATTORNEY	13 Employer (See Instructions) BRAZOS COUNTY	ATTORNEY'S OFFICE
14 Description of Coll	ateral	15 Check if personal function account (See Instruction	s were deposited into political ons)
16 GUARANTOR INFORMATION	17 Name of guarantor 18 Guarantor address; City;	State; Zip Code	19 Amount Guaranteed (\$)
not applicable			
20 Principal Occupat	lion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender out-of-state	PAC (ID#:)	Loan Arnount (\$)
ls lender a financial Institution?	Lender address, City;	State; Zip Code	Interest rate
YN			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colli	ateral	Check if personal func account (See Instructi	s were deposited into political ons)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City,	State; Zip Code	
Principal Occupati	on (See Instructions)	Employer (See instructions)	
strate strategic time and life le	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS NEE struction guide for additional re	

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POLITICAL PERSONAL	EXPENDITURES MADE FROM FUNDS SCHEDULE G
If the requested inf	ormation is not applicable, DO NOT include this page in the report.
1977 (2013) 1977 - 2013 (2013)	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	i and a second
1 Total pages Schedule G:	² FILER NAME SHERVL HA ³ Filer ID (Ethics Commission Filers)
4 Date 11/14/2023	5 Payee name DIBRELL & ASSOCIATES
6 Amount (\$) 3, 115.35 Reimbursement from political contributions intended	7 Payee address; 4203 GLADE SHADOW CT KATY TX 77494
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description CONSULTING EXPENSE
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX., officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held
Date 11/16/2023	Payee name DIBRELL & ASSO CIATES
Amount (\$) 200.00 Reimbursement from political contributions intended	Payee address; City: State; Zip Code 4203 GLADE SHADOW CT KATN TX 77494
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description ADVERTISING EXPENSE
Complete <u>ONLY</u> if direct expenditure to benefit C/	Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held OH
Date	Payee name DIBRELL & ASSOCIATES
Amount (\$) 381.00 Reimbursement from political contributions intended	Payee address; City; State; Zip Code 4203 GLADE SHADOW CT KATY TX 77494
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description ADVERTISING EXPENSE
	Check if Iravel 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
No. 1997 (State of Astrophys. 1997) - Alternative State	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE G

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

	EXPENDITURE CA	EGORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	cal Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Iains how to complete this form.	Solicitation/Fundraising 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 SHERNL HA		3 Filer ID (Ethics Commission Filers)
4 Date 11 30 2023	5 Payee name DIBRELL & ASSOC	IATES	A
6 Amount (\$) 5 17.50 Reimbursement from political contributions intended	7 Payee address; 4203 GLADE SH	ADOW CT KAT	State; Zip Code TX 77494
8 PURPOSE OF EXPENDITURE	(a) Category (See Categorias listed at the top of th ADVERTISING EXPEN (c) Check if travel outside of Texas. Complete	NSE	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	n, TX, officeholder living expense Office held
Date 11 30 2023	Payee name DIBRELL & ASSO	CIATES	
Amount (\$) 245.28 Reimbursement from political contributions intended	Payee address; 4203 GLADE SHA	DOW COURT KA	State: Zip Code ITY TX 77494
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of it EVENT EXPENSE	is schedule) Description	
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Check if travel outside of Texes. Complet Candidate / Officeholder name	e Schedule T. Check if Austin Office sought	n, TX, officeholder living expense Office held
Date 11 30 2023	Payee name ANALA'S CAFE		
Amount (\$) 150.00 Reimbursement from political contributions intended	Payee address; 905 13TH STRE	ET HEMP	State: Zip Code STEAD TX 77445
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of th EVENT EXPENSE		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Check if travel outside of Texas. Complete Candidate / Officeholder name	Schedule T Check if Austin Office sought	n, TX, officeholder living expense Office held
n and the state of a	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NEED	DED and the second second second

PERSONAL	EXPENDITURES MADE FROM SCHEDULE G
	ernation is not applicable, be not anciade this page in the report.
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	ridet out of biality
1 Total pages Schedule G:	2 FILER NAME SHERYL HA 3 Filer ID (Ethics Commission Filers)
4 Date 11130/2023	5 Payee name DIBRELL & ASSOCIATES
6 Amount (\$) 1,449.00 Reimbursement from political contributions intended	7 Payee address: 4203 GLADE SHADOW CT KATY TX 77494
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE (b) Description
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) Check if travel outside of Texas Complete Schedule T. Check if Austin. TX. officeholder living expense Candidate / Officeholder name Office sought Office held
Date 11 / 30 / 2023	Payee name DIBRELL ZASSOCIATES
Amount (\$) 1,000,00 Reimbursement from political contributions intended	Payee address; 4203 GLADE SHADOW CT KATY TX 77494
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description CONSULTING EXPENSE
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name Office sought Office held
Date 121212023	Payee name DIBRELL ¿ASSOCIATES
Amount (\$) 936-05 Reimbursement from political contributions intended	Payee address; 4203 GLADE SHADOW CT KATY TX 77494
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description ADVERTISING EXPENSE
Complete ONLY if direct	Check if travel outside of Texas. Complete Schedule T Check if Austin. TX, officeholder living expense Candidate / Officeholder name Office sought Office held
expenditure to benefit C/OH	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Forms provided by Texas Ethics Commission

SCHEDULE G

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

100 11		EXF	PENDITURE	CATEGO	RIES	FOR BO	X 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Gift/Awarc Legal Ser	arage Expense Is/Memorials Exp	F ense F S	Office Ove Polling Ex Printing E Salaries/V	xpense Vages/Contri	al Expense act Labor	Transpo Travel Ir Travel C	District Out Of District	g Expense lent & Related Expense y not listed above)
1 Total pages Schedule G	2 FILER NA	ME SH	ERYLH	١A				3 Filer	ID (Ethics	Commission Filers)
4 Date 12/7/2023	5 Payee nar D		LL ZAS	SOCIA	TES					
6 Amount (\$) 1676.70 Reimbursement from political contributions intended	7 Payee ad	dress;	GLADE	1		CT	City: KA	TN	State; TX	Zip Code 77494
8 PURPOSE OF EXPENDITURE			ories listed at the to		· · · ·	(b) Desc	ription		anaar a	
	(c)	Check if travel	outside of Texas. Co	mplete Schedu	r elu		Check if Austin	, TX, officel	notder living ex	pense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candic	late / Offic	eholder name	3		Office so	ught			Office held
Date 12119/2023	Payee na D		LL & AS	SOCIA	TES					
Amount (\$) 380.62 Reimbursement from political contributions intended	Payee ad 47		GLADE	E SHI	9D0	w ст	City: KA	TY	State; TX	Zip Code 77494
PURPOSE OF EXPENDITURE		-	ISING (19991		Desc	ription			
		Check if travel	outside of Texas. Co	mplete Sched	ule T		Check if Austin	n, TX. office	holder living ex	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/0		late / Offic	eholder name	Ð		Office so	ught			Office held
Date 12/19/2023	Payee nar		LL ZAS	50 C1/	ATE	S				
Amount (\$) G25.00 Reimbursement from political contributions intended	Payee ad 4		GLADE	SHAD	ω		City; KAT	4	State TX	Zip Code 77494
PURPOSE OF EXPENDITURE			SING E		~	Desc	ription			
		Check if travel	outside of Texas. Co	mplete Schedu	ule T		Check if Austin	, TX, officet	nolder living ex	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	late / Offic	eholder name	3		Office so	ught		4	Office held
en mennen stranser kompen er er er	ATTA	CHADD	ITIONAL COI	PIES OF 1	THIS S	CHEDULI	EASNEED	ED	-	

Forms provided by Texas Ethics Commission

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 Candidate/Officeholder/Politi Credit Card Payment	
1 Total pages Schedule G	2 FILER NAME SHERYLHA 3 Filer ID (Ethics Commission Filers)
4 Date 12/21/2023	5 Payee name DIBRELL & ASSOCIATES
Amount (\$) 1385.00 Reimbursement from political contributions intended	7 Payee address; 4203 GLADE SHADOW CT KATY TX 77494
B PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description ADVERTISING EXPENSE (c) Check if traveloutside 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
Date 12/27/2023	Payee name DIBRELL & ASSOCIATES
Amount (\$) 1500.00 Reimbursement from political contributions intended	Payee address; City; State; Zip Code 4203 GLADE SHADOW CT KATY TX 77494
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE 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/	Candidate / Officeholder name Office sought Office held
Date	Payee name DIBRELL & ASSOCIATES
Amount (\$) 368.19 Reimbursement from political contributions intended	Payee address: 4203 GLADE SHADOW CT KATY TX 77494
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description ADVERTISING EXPENSE
	Check if traveloutside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense

Forms provided by Texas Ethics Commission

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 Candidate/Officeholder/Politic Credit Card Payment	Fees Office C Food/Beverage Expense Polling By Gift/Awards/Memorials Expense Printing	epayment/Reimbursement Sverhead/Rental Expense Expense SWages/Contract Labor o complete this form.	Solicitation/Fundraising 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 SHERNL HA		3 Filer ID (Ethics Commission Filers)
⁴ Date 12/29/2023	5 Payee name CNPRESS BREAKFAST HOUSE		
6 Amount (\$) 6 2.00 Reimbursement from political contributions intended	7 Payee address; 12344 BARKER CNPRE	City: SS #120 C	State: Zip Code NPRESS TX 77429
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description FOOD / BEVERAGE EXPENSE		
	(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 Office name Office held Office held			
Date 11 / 16 / 2023	Payee name WALLER COUNTY	REPUBLIC	AN PARTY
Amount (\$) 1250.00 Reimbursement from political contributions intended	Payee address; 350 BUSINESS 290	City	State; Zip Code PSTEAD TX 77494
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	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/C	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State, Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if 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			