## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

TREASURER       MVS.       JESSICA       N.         NAME       JUDICANAME       LAST       SUFFIX       Date Processed         JUDICANAME       JUDICANAME       LAST       SUFFIX       Date Imaged         7 CAMPAIGN       STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #:       CITY:       STATE:       ZIP CODE         Residence or Business)       SUESIS       Cochhan (U - Waller)       TX - 11464         8 CAMPAIGN       AREA CODE       PHONE NUMBER       EXTENSION         TREASURER       919       S11-0913       Superior         9 REPORT TYPE       January 15       30th day before election       Runoff       15th day after campaign         10 PERIOD       Qfonth       Day       Year       Day       Year         10 PERIOD       Qfonth       Day       Year       Day       Year         11 ELECTION       ELECTION DATE       ELECTION TYPE       Day       Year         12 OFFICE       OFFICE HELD (If any)       Year       Primary       Runoff       Date         12 OFFICE       OFFICE HELD (If any)       Tay OFFICE SOUGHT of Strong Commission er ficht       Special       Office mount						
OFFICE LOLDER NAME       M.C.       William       Concentration         Additional Pages       M.C.       Datifies       Suffrie       Suffrie         4 CANDIDATE/ OFFICE HOLDER Malling ADDRESS       Concentration       Datifies       Suffrie       Suffrie       Datifies         5 CANDIDATE/ Malling ADDRESS       3UESIS       Cockwan       Idd.       Wallier Tx. The ADDRESS       Date Processed         6 CANDIDATE/ OFFICE HOLDER NAME       Male Accos       PHONE NUMBER       Extension       Date Processed         7 CANDANEN TREASURER NAME       Male Milling Additional Pages       Male Milling Additional Pages       State:       Zancoti S         7 CANDANEN TREASURER PHONE       Street Address, NO PO BOX FLEASE, APT / Suffex       Cotry       State:       Zancoti S         7 CANDANEN TREASURER PHONE       Street Address, NO PO BOX FLEASE, APT / Suffex       Cotry       State:       Zancoti S         8 CAMPAION TREASURER PHONE       Address, NO PO BOX FLEASE, APT / Suffex       Cotry       State:       Zancoti S         9 REPORT TYPE       January 15       State / Address       State / Address       State / Address         9 ACCOP       Address       Address       Year       The Address / Address       Year         10 PERIOD       Coverred       Address       Year	The C/OH Instruction (	Guide explains how	v to complete this form.	1 Filer ID (Ethics Commission	ers) 2 Total pages filed:	
OFFICEHOLDER MALING ADDRESS       3 UEGIS Cochran Rd., Waller Tx. Buller OFFICEHOLDER PHONE       OCT 28 2024 RECEIVED         Change of Address       3 UEGIS Cochran Rd., Waller Tx. Bisson OFFICEHOLDER PHONE       OCT 28 2024 RECEIVED         Change of Address       Area coce PHONE       PHONE INLAMER       Date Hand delivered of Date Postnarved Receipt if Amount 3         CAMPAIGN TREASURER ADDRESS       MS. MBS / MR MK/S.       USET LAST       Date Processed         7 CAMPAIGN TREASURER ADDRESS       MS / MBS / MR MK/S.       USET LAST       SUFFIX       Date Processed         8 CAMPAIGN TREASURER ADDRESS       STREET ADDRESS (NO PO BOX PLEASE). APT / SUITE #       CITY.       CITATE:       ZP COCE         8 CAMPAIGN TREASURER PHONE       STREET ADDRESS (NO PO BOX PLEASE). APT / SUITE #       CITY.       CITATE:       ZP COCE         9 REPORT TYPE       January 15       300 blore election       Runoff       Date Processed (Converted)       Final Report (Masch COL - FR)         9 PERIOD       Quartary 15       300 blore election       Runoff       Final Report (Masch COL - FR)         10 PERIOD       Quartary 15       300 blore election       Runoff       Primary Bulley Address Converter (Converted)	OFFICEHOLDER	Mr.		······································	Date Received	1
S CANDIDATE/ OFFICEHOLDER PHONE       AREA CODE       PHONE NUMBER       EXTENSION       Date Hand-delivered or Date Postmarked         Receipt #       Mail 3 (MA       JBSS (LA       Numerican and the second of the se	OFFICEHOLDER MAILING ADDRESS		0 1 0	1	OCT 2 8 2024	
6 CAMPAIGN TREASURER NAME       MS       JUST JUSTICA       MJ         7 CAMPAIGN TREASURER ADDRESS       STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #.       Date Processed         7 CAMPAIGN TREASURER ADDRESS       STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #.       CITY:       STATE:         7 CAMPAIGN TREASURER ADDRESS       STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #.       CITY:       STATE:       ZIP CODE         8 CAMPAIGN TREASURER PHONE       AREA CODE       PHONE NUMBER       EXTENSION       TX -       TY 4544         9 REPORT TYPE       January 15       30th day before election       Runoff       Exceeded Model: d       Frield Report (Attach COH - FR)         10 PERIOD COVERED       9       Contin       Day       Year       Day       Year         11 ELECTION       ELECTION DATE Month       Day       Year       Day       Year       Day       Year         12 OFFICE       OFFICE HELD (# any)       Year       Wanter and without of the second tool is a proceed of office of political contributions and wanter extendior tool is a proceed of office office of political contributions accepted on political contribution biol of propolitical contributions accepted on political contrep	OFFICEHOLDER	AREA CODE	PHONE NUMBER 435-2613	EXTENSION	Date Hand-delivered or Date Postmarke	эd
7 CAMPAIGN TREASURER ADDRESS       STREET ADDRESS (NO PO BOX PLEASE). APT / SUITE #.       CITY:       STATE:       ZIP CODE         8 CAMPAIGN TREASURER PHONE       AREA CODE       PHONE NUMBER       EXTENSION       TX - 11464         9 REPORT TYPE       January 15       30th day before election       Runoff       15th day after campaign treasurer appointment (Consolidation of the state of the s		Mrs.		- N.		
TREASUMER ADDRESS       3USIS Cochran QJ WAILEY       Tx - 11484         (Residence or Business)       AREA CODE       PHONE NUMBER       EXTENSION         8 CAMPANGN TREASURER PHONE       AREA CODE       PHONE NUMBER       EXTENSION         9 REPORT TYPE       January 15       30th day before election       Runoff       Distancer appointment (Chicabder Orb)         9 REPORT TYPE       January 15       30th day before election       Runoff       Distancer appointment (Chicabder Orb)         9 REPORT TYPE       January 15       30th day before election       Exceeded Modified       Final Report (Attach COH - FR)         10 PERIOD COVERED       Quert       Quert       Year       THROUGH       Day       Year         11 ELECTION       ELECTION DATE       ELECTION INPE       Day       Year       Dimary       Runoff       Dimary       Year         12 OFFICE       OFFICE HELD (if any)       13 OFFICe SOUGHT (* crimin)       Commission PEr Lection       Description         14 NOTICE FROM POLITICAL       THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL COMMITTEES TO SUPPORT POLITICAL       Commistre or proceeded or Report This MFORMATION CHUY IF THE CANDERS & MOUPPOLITICAL COMMITTEE CAMPANIGN TREASURER NAME         COMMITTEE (S)       COMMITTEE CAMPANIGN TREASURER NAME       COMMITTEE CAMPANIGN TREASURER ADDRESS		Jez	-Davis			
8       CAMPAIGN TREASURER PHONE       AREA CODE       PHONE NUMBER       EXTENSION         9       REPORT TYPE	TREASURER ADDRESS	6. 1. 1	•		TK- 77484	F
January 15     Join day before election     Runoff     Ioin day after campaign     Licaury appointment     (Chiceholder Orbi)     July 15     Jul		AREA CODE				
Image: Subject of the second secon	9 REPORT TYPE	January 15	. 30th day before e	election Runoff	treasurer appointment	
COVERED       9       31       2024       THROUGH       10       2024       2024         11       ELECTION DATE       ELECTION DATE       ELECTION TYPE         Month       Day       Year       Primary       Runoffi       Other         12       OFFICE       OFFICE HELD (if any)       13       OFFICE SOUGHT       Commissioner Ref.         14       NOTICE FROM POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT       THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES made BY POLITICAL COMMITTEES TO SUPPORT         14       NOTICE FROM POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES made BY POLITICAL COMMITTEES TO SUPPORT         COMMITTEE(S)       THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT         COMMITTEE(S)       THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT         COMMITTEE(S)       THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT         COMMITTEE(S)       THE CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.         COMMITTEE TYPE       COMMITTEE ADDRESS         GENERAL       COMMITTEE CAMPAIGN TREASURER NAME         COMMITT	8	July 15	8th day before ele			
Month       Day       Year       Primary       Runoff       Other         11       J       J       General       Special         12 OFFICE       OFFICE HELD (ff any)       13       OFFICE SOUGHT       Commissioner Peter         14 NOTICE FROM POLITICAL COMMITTEE(S)       THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT Proceedings:       THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT POLITICAL COMMITTEE AND OFFICEHOLDER, THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR POLITICAL EXPENDITURES AND OFFICEHOLDER, THESE EXPENDITURES MATHAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR COMMITTEE TYPE         COMMITTEE TYPE       COMMITTEE NAME         GENERAL       COMMITTEE ADDRESS         Orditional Pages       GENERAL         COMMITTEE CAMPAIGN TREASURER NAME       COMMITTEE CAMPAIGN TREASURER ADDRESS	10 PERIOD COVERED	quonth	an Year	( )(	Day Year	
14 NOTICE FROM POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAD HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.         COMMITTEE(S)       COMMITTEE TYPE       COMMITTEE NAME         GENERAL       COMMITTEE ADDRESS       COMMITTEE COMMITTEES	11 ELECTION		Year Primary	Runoff Other Descrip		_
14       NOTICE FROM POLITICAL CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.         COMMITTEE(S)       COMMITTEE TYPE       COMMITTEE NAME         GENERAL       COMMITTEE ADDRESS         SPECIFIC       COMMITTEE CAMPAIGN TREASURER NAME         COMMITTEE CAMPAIGN TREASURER ADDRESS	12 OFFICE	OFFICE HELD (if any)	)	Naller (	Commissioner F	et.
Additional Pages       General         Specific       COMMITTEE CAMPAIGN TREASURER NAME         COMMITTEE CAMPAIGN TREASURER ADDRESS		CONSENT. CANDIDATES	S AND OFFICEHOLDERS ARE REQUI	S MAY HAVE REEN MADE WITHOUT THE	ES MADE BY POLITICAL COMMITTEES TO SUPPO	ORT
COMMITTEE CAMPAIGN TREASURER ADDRESS	Additional Pages					
		SPECIFIC				
						_

	TE / OFFICEHOLDER N FINANCE REPORT	FORM C/C COVER SHEET PG
15 C/OH NAME	am Brent Davis	16 Filer ID (Ethics Commission Filer
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS, CONTRIBUTIONS MADE ELECTRONICALLY)	C.
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTE	EES OF LOANS)
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ \$8.0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED OF REPORTING PERIOD	AS OF THE LAST DAY \$ 165.9
OUTSTANDING LOAN TOTALS	<ol> <li>TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDIN LAST DAY OF THE REPORTING PERIOD</li> </ol>	IG LOANS AS OF THE \$
	swear, or affirm, under penalty of perjury, that the accompanying uired to be reported by me under Title 15, Election Code.	Signature of Candidate or Officeholder
	quired to be reported by me under Title 15, Election Code.	na −endedicional del la conservation de la c
rec	quired to be reported by me under Title 15, Election Code.	na −endedicional del la conservation de la c
	Please complete either op JESSICA HOLLOMAN My Notary ID # 125563424 Expires February 18, 2026	otion below:
(1) Affidavit NOTARY STAMP/SEA	Please complete either op JESSICA HOLLOMAN My Notary ID # 125563424 Expires February 18, 2026	na −endedicional del la conservation de la c
(1) Affidavit	Please complete either op JESSICA HOLLOMAN My Notary ID # 125563424 Expires February 18, 2026	otion below:
(1) Affidavit NOTARY STAMP/SEA	Please complete either op JESSICA HOLLOMAN My Notary ID # 125563424 Expires February 18, 2026	otion below: <u>ILS this the JSH</u> day of October Van NOTARY
(1) Affidavit NOTARY STAMP/SEA Sworn to and subscribed 20 24 , to certify	Applied to be reported by me under Title 15, Election Code.	otion below: <u>ILS this the JSH</u> day of October Van NOTARY
(1) Affidavit NOTARY STAMP/SEA Sworn to and subscribed 20 3. to certify Signature of officer administer Signature of officer administer (2) Unsworn Declaration	A please complete either op JESSICA HOLLOMAN My Notary ID # 125563424 Expires February 18, 2026 before me by WHAM BREADAW which, witness my hand and seal-of office. Hamman Jessica Hollow which, witness my hand and seal-of office. Hamman Jessica Hollow Management of the seal-of office. Management of the seal-of office.	bion below: <u>IS</u> this the <u>JSH</u> day of <u>October</u> <u>Man</u> <u>MOTARY</u> h Title of officer administering
(1) Affidavit NOTARY STAMP / SEAU Sworn to and subscribed 20 20 30 30 30 30 40 40 40 4	Applied to be reported by me under Title 15, Election Code.	bion below: <u>IS</u> this the <u>JSH</u> day of <u>October</u> <u>Man</u> <u>MOTARY</u> h Title of officer administering
(1) Affidavit	A please complete either op JESSICA HOLLOMAN My Notary ID # 125563424 Expires February 18, 2026 before me by WHAM BYEH DAY which, fvitness my hand and seal-of office. Hamman Printed name of officer administering oath OR on	bition below:

	EXPENDITURES MADE		SCHEDULE F1
If the requested info	ormation is not applicable, <b>DO NOT include</b> t	this page in the	report.
	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Over Food/Beverage Expense         Polling Expense           /         Gift/Awards/Memorials Expense         Printing Expense	xpense Vages/Contract Labor	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 F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 9 30 24	First National Ba	nk	
6 Amount (\$)	7 Payee address; 31384 FM 2920 W	city;	State; Zip Code T.K. 11484
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Bank A Mainter	rccount nance Fee
<b>、</b>	(c) Check if travel outside of Texas. Complete Schedule T.	Check if A	sun, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	William Brent Day	S Office sought	nissioner Pct. 3-Wa
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
K.			
PURPOSE OF EXPENDITURE	$Category \ (See Categories listed at the top of this schedule)$	Description	4
	Check if travel outside of Texas. Complete Schedule T.	Check if	st ., TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
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 /	ti :, TX, officeholde: living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sough	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS N	EDED

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SUBTOTALS - C/OH		FORM C/OH SHEET PG 3
19 FILER NAME William Brent Davis	20 Filer ID (Ethics Co	ommission Filers)
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 CO	NTRIBUTIONS	\$ \$ \$
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 FU	NDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO		\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBU- TO FILER	TIONS RETURNED	S

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