CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: | | | |
|---|--|--|--|--|--|
| The C/OH Instruction G | uide explains how to complete this form. | - Compage man | | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS/MRS/MR) FIRST MI MICHAEL NICKNAME PUTMAN | OFFICE USE ONLY Date Received | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address | ADDRESS / PO BOX: APT / SUITE #; CITY; STATE; ZIP CODE 286 NATA RD DENASON TX 75021 | | | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION (903) 271 - 7727 | Date Hand-delivered or Date Postmarked | | | |
| 6 CAMPAIGN TREASURER | MS / MRS Y MR FIRST MI | Receipt # Amount \$ | | | |
| NAME | NICKNAME LAST SUFFIX | Date Processed | | | |
| | AUERY | Date Imaged | | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE; ZIP CODE 282 Nata Ro Denason TX 75021 | | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (903) 328-7070 | | | | |
| 9 REPORT TYPE | January 15 January 15 Runoff 15th day after campaign treasurer appointment (Officeholder Only) July 15 8th day before election Exceeded \$500 limit Final Report (Attach C/OH - FR) | | | | |
| 10 PERIOD COVERED | Month Day Year Month Day Year | | | | |
| # ELECTION | BLECTION DATE Month Day Year Primary Runoff Other Description 3 / 5 / 24 General Special | | | | |
| 12 OFFICE | OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) PCT#2 | CONSTABLE | | | |
| | | | | | |

GRAYSON CO ELECTIONS 2023 NOU 14 am9:02:30

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

| 14 C/OH NAME | Coos M. | charl | Putman | 15 Filer | ID (Ethica | S Commission Filers) |
|---|--|--|--|-----------------|------------|------------------------|
| 16 NOTICE FROM POLITICAL COMMITTEE(S) | SUPPORT THE CANE | DIDATE / OFFICEHOLDE DISENT, CANDIDATES | CONTRIBUTIONS ACCEPTED OR POLITICAL E ER. THESE EXPENDITURES MAY HAVE BEEN AND OFFICEHOLDERS ARE REQUIRED TO REI | MADE WITHOUT TH | HE CANDIDA | TE'S OR OFFICEHOLDER'S |
| | COMMITTEE TYPE | COMMITTEE NAME | | | | |
| | GENERAL | | | | | |
| | SPECIFIC COMMITTEE ADDRESS | | | | | |
| | COMMITTEE CAMPAIGN TREASURER NAME | | | | | |
| Additional Pages | | | | | | |
| | | COMMITTEE CAM | PAIGN TREASURER ADDRESS | | | |
| 17 CONTRIBUTION TOTALS | TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | | | \$ | Ø | |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | | | \$ | Q | |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ | | | | | |
| | 4. TOTAL POLITICAL EXPENDITURES | | | \$ | 37500 | |
| CONTRIBUTION BALANCE | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | | | E LAST DAY | \$ | 82 |
| OUTSTANDING LOAN TOTALS | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | | | AS OF THE | \$ | Ø |
| 18 AFFIDAVIT | | | | | | |

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

Janet K. Taylor Notary ID # 208236-5 My Commission Expires May 31, 2024

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said

Signature of officer administering oath

cody michael Tutman, this the

to certify which, witness my hand and seal of office.

Aylor

Printed name of officer administering oath

Title of officer administering oath

GRAYSON CO ELECTIONS

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Solicitation/Fundraising Expense

The instruction Guide explains how to complete this form.

| Total pages Schedule G: | 2 FILER NAME | 3 Filter ID (Ethics Commission Filers) | | |
|---|---|--|--|--|
| Total pages selection and | COOS MICHAEL + | htman | | |
| Date | 5 Payee name STATE / County Chain 3 Filer ID (Ethics Commission Filers) | | | |
| Amount (\$) 375 Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) 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/6 | Candidate / Officeholder name OH | Office sought Office held | | |
| Date | Payee name | | | |
| 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) | (b) 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/ | | Office sought Office held | | |
| Date | Payee name ~/A | | | |
| 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) | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, office-holder living expense | | |
| Complete ONLY if direct expenditure to benefit Co | | Office sought Office held | | |