# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how	to complete this form.	1 Filer	ID (Ethics Commission Filers)	2 Total pages fil	ed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST Thomas		W W	OFFICE USE ONLY		
NAME	NICKNAME	Carter		SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	PO Box 251		CITY; Bells	Texas 75414		
Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	(903 )	821-0471		EXTENSION	Date Hand-delivered	or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST Ellen		MI M	Receipt #	Amount \$
NAME	NICKNAME	LAST		SUFFIX	Date Processed	
	NICRNAME	Payne		SULLY	Date Imaged	
7 CAMPAIGN		(NO PO BOX PLEASE); APT / S	UITE #;	CITY;	STATE;	ZIP CODE
TREASURER ADDRESS	214 Reality F	Rd.		Denison	Texas	75021
(Residence or Business)						
8 CAMPAIGN TREASURER PHONE	( 903 )	PHONE NUMBER 821-4474		EXTENSION		
9 REPORT TYPE	January 15  July 15	30th day before d		Runoff  Exceeded Modified Reporting Limit	treasurer as (Officeholde	
10 PERIOD COVERED	Month 7	Day Year / 1 / 23	THR	ough 12	Day Year / 31 / 23	
11 ELECTION	Month Day	Year Primary  21 General		ELECTION TYPE  unoff Other Description  pecial		
12 OFFICE	OFFICE HELD (if any) Constable-Grays	on County Texas Precin		onstable-Grayso		as Precinct
14 NOTICE FROM POLITICAL	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 OF CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
N OF ELECTIONS		COMMITTEE CAMPAIGN TR	EASURER A	DDRESS		

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

				10 THEFT	ID (Ethics C	
17 CONTRIBUTION TOTALS		DLITICAL CONTRIBUTIONS GUARANTEES OF LOANS, E ELECTRONICALLY)	•		\$	0.0
	2. TOTAL POLITICAL CO (OTHER THAN PLEDGES	NTRIBUTIONS S, LOANS, OR GUARANTEE	S OF LOANS)		\$	0.0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED PO	LITICAL EXPENDITURE.	<i>*</i>		\$	375.0
	4. TOTAL POLITICAL EX	PENDITURES			\$	375.0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONT OF REPORTING PERIOD	TRIBUTIONS MAINTAINED A	AS OF THE LAS	T DAY	\$	0.0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNTAINST DAY OF THE REPO	UNT OF ALL OUTSTANDING	S LOANS AS OF	THE	\$	0.0
(1) Affidavit	JULIA W LOLLAR Notary Public, State of Texas My Commission Expires January 06, 2027	omplete either opt	tion below	r:		
NOTARY STAMP/SEAL Swom to and subscribed  20, to certify  Signature of officer administer	JULIA W LOLLAR Notary Public, State of Texas My Commission Expires January 06, 2027 NOTARY ID 102204-8  before me by	W Carter	this the	3	day of	ANUA Tary
NOTARY STAMP/SEAR Sworm to and subscribed 20, to certify Signature of officer administer (2) Unsworn Declaration	JULIA W LOLLAR Notary Public, State of Texas My Commission Expires January 06, 2027 NOTARY ID 102204-8  before me by which witness my hand and seal of off ring oath Printed name	the.  Juliaula  e of officer administering oath	this the	3	Title of office	
NOTARY STAMP / SEAL Swom to and subscribed 20, to certify Signature of officer administe  (2) Unsworn Declaration My name is	JULIA W LOLLAR Notary Public, State of Texas My Commission Expires January 06, 2027 NOTARY ID 102204-8  before me by Which withess my hand and seal of off ring oath Printed name	fice. Juliaulor e of officer administering oath OR, and my o	this the	3	Title of office	ANUA Tory
NOTARY STAMP / SEAL Swom to and subscribed 20, to certify Signature of officer administe  (2) Unsworn Declaration My name is	JULIA W LOLLAR Notary Public, State of Texas My Commission Expires January 06, 2027 NOTARY ID 102204-8  before me by which, withess my hand and seal of off ring oath Printed name	ifibe. JuliauCot e of officer administering oath OR, and my o	this the	3	Title of office	
NOTARY STAMP/SEAR Sworm to and subscribed 20, to certify Signature of officer administe  (2) Unsworn Declaration My name is My address is	JULIA W LOLLAR Notary Public, State of Texas My Commission Expires January 06, 2027 NOTARY ID 102204-8  before me by Which withess my hand and seal of off ring oath Printed name	ow Carter fice.  Juliaulou  or  or  and my o	this the	3 tate) (a	Title of office	

# SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

19	Thomas W Carter	mmission 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 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	\$ 375.00	
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.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

# 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

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.			
Total pages Schedule G:	<sup>2</sup> FILER NAME Thomas W Carter		3 Filer ID (Ethics Commission Filers)		
4 Date 11/11/2023	<ul><li>5 Payee name</li><li>Grayson County Republican Party</li></ul>				
6 Amount (\$) 375.00 Reimbursement from political contributions intended	7 Payee address; PO Box 3122	City; Sherma	State; Zip Code n Texas 75091		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees	(b) Description Filing Fee			
	(c) Check if travel outside of Texas. Complete Schedule T.	TX, officeholder living expense			
9 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		
Reimbursement from political contributions intended					
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/0	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address;	City;	State; Zip Code		
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
LAFENDITORE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	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		
7 Cv el (C 102) 7 V 3 × 2 7 12 V 12	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE: AS NEEDE	ED		