	Guide explains hov	w to complete this form.	1 Filer ID (Ethics	Commission Filers)	2 Total pages	filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR	Landon		M.	OFFIC	E USE ONLY
TV/AVIL	NICKNAME	Lorance		SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	X; APT / SUITE #; C	city; state;	ZIP CODE 79 236	DEC 1	2 2024) 2 2024)
Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	( &D6 )	790 ~4687	extens 468		Date Hand-delivere	ed or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST	100	MI	Receipt #	Amount \$
NAME	NICKNAME	Landon	• • • • • • • • • • • • • • • • • • • •	D.	Date Processed	
	NICKIYAWE	Lorance		SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS	(NO PO BOX PLEASE); APT / SU	JITE #; CITY;		STATE;	ZIP CODE
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSI	ON		
TREASURER PHONE	(806)	790-4687	46	<b>7</b> .		
9 REPORT TYPE	January 15	30th day before ele	ection Run	noff	treasurer a	ifter campaign appointment
	July 15	8th day before elec	Stion	eeded Modified orting Limit	(Officehold	er Only) ort (Attach C/OH - FR)
10 PERIOD	Month	Day Year		Month	Day Yea	r
COVERED	07/	01/2022	THROUGH	12/	3) /200	12
11 ELECTION	ELECTION DA			ELECTION TYPE	91	
	Month Day	Year Primary	Runoff	Other Description		
	3/5/	2024 General	Special			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE S	SOUGHT (if known)	ssioner fre	cint #1
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	CE OF POLITICAL CONTRIBUTIONS AND CEHOLDER. THESE EXPENDITURES IS AND OFFICEHOLDERS ARE REQUIRE	CCEPTED OR POLITICAL MAY HAVE BEEN MADE W	EXPENDITURES MA	ADE BY POLITICAL COM	MMITTEES TO SUPPORT LDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TREA	SURER NAME			
		COMMITTEE CAMPAIGN TREA	ASURER ADDRESS			
		GO TO P	PAGE 2			

	mdon	D.	Loran	.ce				16 File	r ID (Ethic	s Comn	nission Filers)
17 CONTRIBUTION TOTALS	1.	PLEDGES	NITEMIZED F S, LOANS, OF BUTIONS MAD	R GUARAN	TEES OF L	JTIONS (OTHE OANS, OR ()	R THAN		\$	0	
	2.	TOTAL P	OLITICAL C HAN PLEDGE	ONTRIBU ES, LOANS	ITIONS , OR GUAI	RANTEES OF	LOANS)		\$	0	
EXPENDITURE TOTALS	3.	TOTAL UN	NITEMIZED PO	OLITICAL E	EXPENDIT	URE.			\$	D	
	4.	TOTAL P	OLITICAL EX	KPENDITI	URES				\$	0	
CONTRIBUTION BALANCE	5.	TOTAL PO	LITICAL CON RTING PERIO	TRIBUTIO	NS MAINTA	AINED AS OF T	THE LAS	T DAY	\$	0	
OUTSTANDING LOAN TOTALS	6.	TOTAL PR LAST DAY	INCIPAL AMO	OUNT OF A	LL OUTSTA	ANDING LOAN	S AS OF	THE	\$	0	
18 SIGNATURE I s	wear, or af	firm, under reported by	penalty of pe	rjury, that le 15, Elec	the accom	npanying repor	rt is true	and co	rrect and	includes	s all information
			9.		$\langle \rangle$	andor	n A	Dovo	enre	_	
						Signature	e of Can	didate	or Officeh	older	-
								arauto .	01 01110011	oldol	
			Please c	omple	te eithe	r option b	elow:	:			
<b>V</b>											
(1) Affidavit	My Co Jan	Y MCCAULE ublic, State of mmission Ex uary 06, 202 RY ID 128486	of Texas pires								
NOTARY STAMP/SEAL		15 120400	31-5								
Sworn to and subscribed		by	andon	Lora	incl	th	is the C	20	_ day of_	Nove	mbir,
20 <u>23</u> , to certify	which, witne	ss my hand	and seal of of	ffice.							
am MECO	luh		Amy ms	· Caril	\		n	loton	1. Ti	AC	
Signature of officer administer	A		Printed name	i		ng oath		(	itle of off	icer adm	ninistering oath
				OR							
(0) 11				O.				4 75			
(2) Unsworn Declaration	on										
My name is					0.7	d my data of l	hirth io				
My name is						u my uate of t	DII III 18 _				·
My address is						/ait \		,	-i ! . `	.,	
		(street)				(city)			zip code)	•	ountry)
Executed in	C	ounty, State	e of	,	on the	day of _	(month)		_, 20_ (year	·)	
						Signature of	Candidat	te/Office	holder (D	eclaran	t)

	Guide explains how	w to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS (MRS) MR	Amy	D	OFFICE USE ONLY
	NICKNAME	ME Cauley	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	PO Box 1	X; APT / SUITE #; C	CITY; STATE; ZIP CODE TX 79236	1-11-7034 MKOZ-11-1)
Change of Address				
5 CANDIDATE/ OFFICEHOLDER PHONE	(432) 2	PHONE NUMBER 172 - 9322	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS (MRS) / MR	Amy	Ŭ ™	Receipt # Amount \$  Date Processed
	NICKNAME	LAST	SUFFIX	
	η	n= Cauley		Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX PLEASE), APT / SU	UITE #; CITY;	STATE; ZIP CODE
(Residence or Business)				
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXTENSION	
PHONE	(432)	272-9322		
9 REPORT TYPE	January 15	30th day before ele	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before elec	ction Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year / 2022	THROUGH 12	Day Year / 2022
11 ELECTION	ELECTION DA		ELECTION TYPE	
	Month Day	Year Primary	Runoff Other Description	
	3/5/	2024 General	Special	
12 OFFICE	OFFICE HELD (if any)  Tax Asse	essor Collector	13 OFFICE SOUGHT (IF KNOWN)  TOX A SSE SSU	Collector
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURES I	ACCEPTED OR POLITICAL EXPENDITURES MA MAY HAVE BEEN MADE WITHOUT THE CANDI	ADE BY POLITICAL COMMITTEES TO SUPPORT IDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTIECS)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREAS	SURER NAME	
		COMMITTEE CAMPAIGN TREA	ASURER ADDRESS	
		GO TO P	PAGE 2	

### FORM C/OH

	TI MANGE KEPO	'IX'I	COVER SHEET PG 2
15 C/OH NAME	Amy M= Caule	1	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED PO PLEDGES, LOANS, OR C CONTRIBUTIONS MADE	T LITICAL CONTRIBUTIONS (OTHER TI GUARANTEES OF LOANS, OR ELECTRONICALLY)	HAN \$ -
	2. TOTAL POLITICAL COI (OTHER THAN PLEDGES	NTRIBUTIONS , LOANS, OR GUARANTEES OF LOAN	vs) \$ <u></u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POL	ITICAL EXPENDITURE.	\$ -
	4. TOTAL POLITICAL EXP	'ENDITURES	\$ •
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTROL OF REPORTING PERIOD	RIBUTIONS MAINTAINED AS OF THE I	LAST DAY \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT LAST DAY OF THE REPO	NT OF ALL OUTSTANDING LOANS AS RTING PERIOD	OF THE \$
18 SIGNATURE I st	wear, or affirm, under penalty of perjuured to be reported by me under Title	ary, that the accompanying report is 15, Election Code.	true and correct and includes all information
		Signature of	Candidate or Officeholder
	Please co	mplete either option belo	ow:
(1) Affidavit	MAGGIE OLIVER Notary Public, State of Texas My Commission Expires January 13, 2025 NOTARY ID 12621909-1		
NOTARY STAMP/SEAL	400.		
Sworn to and subscribed to	pefore me by Amu	mcCauley this the	e 11th day of January
Signature of officer administeri	11	DUVER - NOTAY of officer administering oath	Title of officer administering oath
	18.12. <b>4</b> 0.457 (18.15.14.19)	OR	No. 1 Company of the
(2) Unsworn Declaration	n		
My name is		, and my date of birth	is
	(street)	(city)	(state) (zip code) (country)
Executed in	County, State of		, 20 th) (year)
		Signature of Cano	lidate/Officeholder (Declarant)

	Guide explains ho	w to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages	filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR MC.	FIRST CIAY	MI B	OFFICE	E USE ONLY
	NICKNAME	McKessor	SUFFIX	Date Received	2000
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BO.	X; APT / SUITE #; C	CITY; STATE; ZIP CODÉ	Ulsile.	1-2024
Change of Address	PO BOX 5	(14.1	Hrie Tx 79236		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (806)	787-388	EXTENSION		d or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Clay	мі <b>В</b>	Receipt #  Date Processed	Amount \$
1	NICKNAME	LAST	SUFFIX	Date Israed	
		Mckesson	-	Date Imaged	2
7 CAMPAIGN	STREET ADDRESS	(NO PO BOX PLEASE); APT / SU	JITE #; CITY;	STATE;	ZIP CODE
TREASURER ADDRESS					
(Residence or Business)					
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXTENSION		
PHONE	(80%)	787 388	3		
9 REPORT TYPE	January 15	30th day before ele	ection Runoff	15th day af treasurer ap (Officeholde	
	July 15	8th day before elect	tion Exceeded Modified Reporting Limit		t (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Month	Day Year	
	7 /	1 / 202>	THROUGH 12 /	31/20	323
11 ELECTION	ELECTION DA	TE .	ELECTION TYPE		
	Month Day	Year	Runoff Other Description		
	03/05/	2014 General	Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)		
	None		Precinct / Gu	inty CAM	issidner
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURES IN	CCEPTED OR POLITICAL EXPENDITURES MA MAY HAVE BEEN MADE WITHOUT THE CANDI ED TO REPORT THIS INFORMATION ONLY IF TH	DATE'S OR OFFICEHOLD	DER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			c
·	SPECIFIC	COMMITTEE CAMPAIGN TREAS	SURER NAME		
		COMMITTEE CAMPAIGN TREA	SURER ADDRESS		
		GO TO P	PAGE 2		

15 C/OH NAME	1 Mckesson		16 Filer	ID (Ethics C	commission Filers)	
17 CONTRIBUTION TOTALS	PLEDGES, LOANS, OF	POLITICAL CONTRIBUTIONS (OTHER R GUARANTEES OF LOANS, OR DE ELECTRONICALLY)	THAN	\$	0	
	2. TOTAL POLITICAL C (OTHER THAN PLEDGE	ONTRIBUTIONS ES, LOANS, OR GUARANTEES OF LO	DANS)	\$ .	0	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED PO	OLITICAL EXPENDITURE.		\$	0	
	4. TOTAL POLITICAL EX	XPENDITURES		\$	0	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CON OF REPORTING PERIO	ITRIBUTIONS MAINTAINED AS OF TH	IE LAST DAY	\$	0	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMO LAST DAY OF THE REF	DUNT OF ALL OUTSTANDING LOANS PORTING PERIOD	AS OF THE	\$	0	
Signature of Candidate or Officeholder  Please complete either option below:						
(1) Affida it	AMY MCCAULEY otary Public, State of Texas My Commission Expires January 06, 2027 NOTARY ID 12848631-5					
Sworn to and subscribed b	pefore me by CAYMC	Cesson this	the	day of <u>J</u>	anuam.	
Signature of office administering	auls Amy	M <sup>©</sup> (auly e of officer administering oath	7x N	otory itle of officer	TAC administering oath	
		OR				
(2) Unsworn Declaration	n ,					
		, and my date of bird	th is		·	
My address is	(street)	(city)	,,,,,,,,,,	,	(country)	
Executed in	, ,	(city), on the day of(m	, , ,	20 (year)	(country)	
		Signature of Ca	andidate/Officeho	older (Decla	rant)	

The C/OH Instruction	Guide explains ho	ow to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS /(MR	FIRST WILL, An	MI D	OFFICE USE ONLY
TV-UVIL	NICKNAME	LAST	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BO	0	CITY; STATE; ZIP CODE  *** 7423	0)5(C)53(V)5)
Change of Address				
5 CANDIDATE/ OFFICEHOLDER PHONE	(866)	PHONE NUMBER	extension 9957	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS /(MR)	FIRST WILL, AN	MI I/O	Receipt # Amount \$
NAME	NICKNAME	LAST	SUFFIX	Date Processed
		Green		Date Imaged
7 CAMPAIGN TREASURER	STREET ADDRESS	(NO PO BOX PLEASE); APT / SU	ITE#; CITY;	STATE; ZIP CODE
ADDRESS (Residence or Business)	-			
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION	
TREASURER PHONE	(806 )	930	9957	
9 REPORT TYPE	January 15	30th day before ele	ction Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before elect	ion Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year / 01 / 202 2	THROUGH /2 /	Day Year / 3/ / 202 Z
11 ELECTION	ELECTION DA	ATE	ELECTION TYPE	
	Month Day	Year Primary	Runoff Other Description	
	3/5/	2022 General	Special	
12 OFFICE	OFFICE HELD (if any)	Pomm 1858 Nev Act	13 OFFICE SOUGHT (If known)	1,1504EL PC+3
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CAMPIDATE ! OFFIC	CE OF POLITICAL CONTRIBUTIONS AC	CEPTED OR POLITICAL EXPENDITURES MA	DE BY POLITICAL COMMITTEES TO SUPPORT DATE'S OR OFFICEHOLDER'S KNOWLEDGE OR IEY RECEIVE NOTICE OF SUCH EXPENDITURES.
OOMMITTEE(O)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREAS	URER NAME	
		COMMITTEE CAMPAIGN TREAS	SURER ADDRESS	
		GO TO PA	AGE 2	,

15 C/OH NAME	Iwayne Green		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL C PLEDGES, LOANS, OR GUARANT CONTRIBUTIONS MADE ELECTRO	EES OF LOANS, OR	\$
	2. TOTAL POLITICAL CONTRIBUT (OTHER THAN PLEDGES, LOANS,		\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EX	KPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITU	RES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD	S MAINTAINED AS OF THE LAS	TDAY \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALI LAST DAY OF THE REPORTING PE		THE \$
18 SIGNATURE I s	wear, or affirm, under penalty of perjury, that the	he accompanying report is true	and correct and includes all information
l .	uired to be reported by me under Title 15, Election		
			0
		Ulin I	
	-	Wegn To	1
		<ul> <li>Signature of Can</li> </ul>	ndidate or Officeholder
	Please complete	e either option below:	: :
		-	
(4) Affidavit			
(1) Affidavit			
NOTARY STAMP/SEAL	÷	,	
	December Conne	^	12 January
Sworn to and subscribed by	pefore me by Dwayne Green	this the	18 day of January,
(1.1	rhich, witness my hand and seal of office.		)
am m	= Caule Amy M= C	aulaii	TXNotary / TAC.
Signature of officer administeri	1	T	Title of officer administering oath
organization of officer againmisters	7 Fillited Hallie of Officer au	ministering oath	
	OR		
(2) Unsworn Declaratio	n		-
My name is		, and my date of birth is _	
My address is		,,	
	(street)	(city) (sta	ate) (zip code) (country)
Executed in	County, State of, on	the day of	, 20 .
		(month)	, 20 (year)
		Signature of Candidat	e/Officeholder (Declarant)

The C/OH Instruction	Guide explains ho	w to complete this form.	1 Filer ID (E	Ethics Commission Filers)	2 Total pages	filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST MICHAEL	•	MI Q	OFFIC	E USE ONLY
NAME 4 CANDIDATE/	NICKNAME  MIKE  ADDRESS / PO BO	LAST MOWHIRT	·	SUFFIX SA ATE: ZIP CODE	Date Received	SWE I
OFFICEHOLDER MAILING ADDRESS Change of Address	P.O. BOX	173			110-2	2-2024/11
5 CANDIDATE/ OFFICEHOLDER	AREA CODE	PHONE NUMBER		TENSION	Date Hand-delivere	d or Date Postmarked
PHONE  6 CAMPAIGN	(254) MS/MRS/MR	220-3967		MI	Receipt #	Amount \$
TREASURER NAME	, , , , , , , , , , , , , , , , , , ,	MICHAEL		R	Date Processed	<del></del>
	NICKNAME	Mewit. Mrs	4	SUFFIX 5/2	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS		(NO PO BOX PLEASE); APT / SU	ITE#,	CITY;	STATE;	ZIP CODE
(Residence or Business)						
8 CAMPAIGN TREASURER PHONE	( 254 )	220 - 3947	EXT	ENSION		
9 REPORT TYPE	January 15	30th day before ele	ection	Runoff	15th day af treasurer at (Officeholde	
	July 15	8th day before elect	tion	Exceeded Modified Reporting Limit	Final Repor	f (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year / 01 / 2023	THROUGH	Month	731 / 20	23
11 ELECTION	ELECTION DA			ELECTION TYPE		
ā	Month Day	Year Primary	Runoff	Other Description		
	3/5/	2324 General	Special			
12 OFFICE	OFFICE HELD (IF any)	F	57	ICE SOUGHT (if known)		
4 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTIC THE CANDIDATE / OFFIC CONSENT. CANDIDATES	CE OF POLITICAL CONTRIBUTIONS AC CEHOLDER. THESE EXPENDITURES IN A AND OFFICEHOLDERS ARE REQUIRE	CEPTED OR POLITION  MAY HAVE BEEN MAY  TO REPORT THIS I	CAL EXPENDITURES MAI ADE WITHOUT THE CANDII INFORMATION ONLY IF TH	DE BY POLITICAL COM DATE'S OR OFFICEHOLI EY RECEIVE NOTICE OF	MITTEES TO SUPPORT DER'S KNOWLEDGE OR SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
,	SPECIFIC	COMMITTEE CAMPAIGN TREAS	SURER NAME			
		COMMITTEE CAMPAIGN TREA	SURER ADDRESS	s		
-		GO TO P	AGE 2			

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ Ø
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ Ø
	4. TOTAL POLITICAL EXPENDITURES	\$ \$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	T DAY \$ \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$
	wear, or affirm, under penalty of perjury, that the accompanying report is true uired to be reported by me under Title 15, Election Code.	
	Signature of Car	didate or Officeholder
	Please complete either option below	
	•	
(1) Afficient M	AMY MCCAULEY ITY Public, State of Texas y Commission Expires January 06, 2027 DTARY ID 12848631-5	
NOTARY STAMP/SEAL  Sworn to and subscribed	Millo Milhirles	22 day of Januan,
amy ME		Title of officer administering oath
Signature of officer administer	ng oath () Printed name of officer administering oath  OR	Title of officer administering dam
(2) Unsworn Declaratio		
	, and my date of birth is _	,
wy address is	(street) (city) (sta	ate) (zip code) (country)
Executed in	County, State of, on the day of(month)	, 20 (year)
	Signature of Candida	te/Officeholder (Declarant)

The C/OH Instruction	Guide explains ho	w to complete this form.	1 Filer ID (E	Ethics Commission Filers)	2 Total pages t	filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	Cody		™ W	OFFICE	EUSE ONLY
NAME .	NICKNAME	Taylor		SUFFIX	Date Received	इरकाह्य
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BO		CITY; STA	ATE; ZIP CODE	11-2	3-2024)
Change of Address		Te 79236				
5 CANDIDATE/ OFFICEHOLDER PHONE	(325 )	PHONE NUMBER	EX	TENSION		d or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		мі <i>W</i>	Receipt #	Amount \$
NAME	NICKNAME		······	SUFFIX	Date Processed	·
	INICKINAIVIE	Taylor		SUFFIX	Date Imaged	
7 CAMPAIGN	STREET ADDRESS	(NO PO BOX PLEASE); APT / SL	UITE #;	CITY;	STATE;	ZIP CODE
TREASURER ADDRESS	<					
(Residence or Business)						
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXT	ENSION		
PHONE	(325) 29	80-8750				
9 REPORT TYPE	January 15	30th day before ele	ection	Runoff	15th day aft treasurer ap (Officeholder	
	July 15	8th day before elec	ction	Exceeded Modified Reporting Limit	Final Report	f (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year		Month	Day Year	
	07	01/2023	THROUGH	12/	31/20	23
11 ELECTION	ELECTION DA	1		ELECTION TYPE		
	Month Day	Year	Runoff	Other Description		
	2/_	General General	Special			
	1/5/	2024				
12 OFFICE	OFFICE HELD (if any)	÷2		CESOUGHT (if known)	mui, ion	er Pct 3
14 NOTICE FROM POLITICAL	THE CANDIDATE ! OFFIC	CE OF POLITICAL CONTRIBUTIONS AND OFFICEHOLDER. THESE EXPENDITURES IS AND OFFICEHOLDERS ARE REQUIRE	CCEPTED OR POLITION	CAL EXPENDITURES MAI	DE BY POLITICAL COM	MITTEES TO SUPPORT DER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	ED TOTAL OIL	III Oldina I.S.		
	GENERAL	COMMITTEE ADDRESS				
Additional Pages	SPECIFIC	COMMITTEE CAMPAIGN TREAS	SURER NAME			
		COMMITTEE CAMPAIGN TREA	ASURER ADDRESS	3	-	
				·		
		GO TO P	AGE 2			

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 6
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY \$ O
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$
	wear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	and correct and includes all information
	Signature of Cano	didate or Officeholder
	· ·	
	9.	
	Please complete either option below:	
	1 locoo complete cities of	
	•	
and the same of th		
JOYARY AUGILIA	AMY MCCAULEY	
(1) Affida It	otary Public, State of Texas My Commission Expires	
(1) Alliua II.	January 06, 2027	
No OF THE	NOTARY ID 12848631-5	
NOTARY STAMP/SEAL		
NOTARY STAMP/SEAL		72 Januar
Sworn to and subscribed	before me by $\frac{1}{2}$ $\frac$	3 day of Januar,
0.1		O
20 7, to certify	which, witness my hand and seal of office.	White TAC
Umy M=(C	ruh Amy McCauly ]	XIIDIEY, IIIC
Signature of officer administer	ing oath Printed name of officer administering oath	Title of officer administering oath
	OR	
Thirth and the second	Ç.N.	
(2) Unsworn Declaration	on	
My name is	, and my date of birth is	·
iviy address is	(street) (city) (state	te) (zip code) (country)
	(cases)	
Executed in	County, State of, on theday of(month)	, 20 (year)
	(monut)	
	Signature of Candidate	e/Officeholder (Declarant)
	0.5	