

# 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 Filer)	2 Total pages filed: <i>6</i>							
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST James	MI C	OFFICE USE ONLY							
	NICKNAME	LAST Wynne	SUFFIX III	Date Received							
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <b>2024 Republic Drive, Tyler, Texas 75701</b>			RECEIVED  <i>JAN 16 2024</i>							
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (903 )	PHONE NUMBER 509-9795	EXTENSION								
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs .	FIRST Kay	MI	Receipt # <b>CITY CLERK'S OFFICE</b> Amount \$ <b>City of Tyler</b>							
	NICKNAME	LAST Latta	SUFFIX	Date Processed							
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY; <b>331 S. Broadway, Ste. 100, Tyler, Texas 75701</b>			STATE: ZIP CODE							
8 CAMPAIGN TREASURER PHONE	AREA CODE ( 903 )	PHONE NUMBER 597-6311	EXTENSION								
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)										
10 PERIOD COVERED	Month <b>7</b>	Day <b>1</b>	Year <b>23</b>	Month <b>12</b>	Day <b>31</b>	Year <b>23</b>					
11 ELECTION	ELECTION DATE  <i>/ /</i>	ELECTION TYPE Primary      Runoff General      Special <i>Other Description</i>									
12 OFFICE	OFFICE HELD (if any) <b>Tyler City Council District 4</b>			13 OFFICE SOUGHT (if known)							
14 NOTICE FROM POLITICAL COMMITTEE(S)	<small>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 OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.</small> <table border="1"> <tr> <td rowspan="4">COMMITTEE TYPE  GENERAL  Additional Pages</td> <td>COMMITTEE NAME</td> </tr> <tr> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>						COMMITTEE TYPE  GENERAL  Additional Pages	COMMITTEE NAME	COMMITTEE ADDRESS	COMMITTEE CAMPAIGN TREASURER NAME	COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE  GENERAL  Additional Pages	COMMITTEE NAME										
	COMMITTEE ADDRESS										
	COMMITTEE CAMPAIGN TREASURER NAME										
	COMMITTEE CAMPAIGN TREASURER ADDRESS										

GO TO PAGE 2

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

<b>19 FILER NAME</b> James C. Wynne III	<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS NAME OF SCHEDULE</b>	<b>SUBTOTAL AMOUNT</b>
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,000.00
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	\$ 1,800.00
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	\$
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 POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME James C. Wynne III	3 Filer ID (Ethics Commission Filers)
4 Date 10/01/2023	5 Payee name Spade Design	
6 Amount (\$) 300.00	7 Payee address; 7922 S. Broadway. #21 Tyler, Texas 75703	City: _____ State: _____ Zip Code _____
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) advertising expense	(b) Description social media
	(c) Check if travel outside of Texas. Complete Schedule T. _____	
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name James C. Wynne III		Office sought _____
		Office held _____
		Tyler city council
Date 11/01/2023	Payee name Spade Design	
Amount (\$) 300.00	Payee address; 7922 S. Broadway. #21 Tyler, Texas 75703	City: _____ State: _____ Zip Code _____
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense	Description social media
	Check if travel outside of Texas. Complete Schedule T. _____	
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name James C. Wynne III		Office sought _____
		Office held _____
		Tyler city council
Date 12/01/2023	Payee name Spade Design	
Amount (\$) 300.00	Payee address; 7922 S. Broadway. #21 Tyler, Texas 75703	City: _____ State: _____ Zip Code _____
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense	Description social media
	Check if travel outside of Texas. Complete Schedule T. _____	
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name James C. Wynne III		Office sought _____
		Office held _____
		Tyler City council

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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 Filer)	2 Total pages filed: <i>b</i>			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST James	MI C	OFFICE USE ONLY				
	NICKNAME	LAST Wynne	SUFFIX III					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 2024 Republic Drive, Tyler, Texas 75701				Data Hand-delivered or Data Postmarked  Receipt #      Amount \$  Data Processed  Data Imaged			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (903 )	PHONE NUMBER 509-9795	EXTENSION					
6 CAMPAIGN TREASURER NAME	MS / MRS / MR .....	FIRST	MI					
	NICKNAME	LAST	SUFFIX					
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: 331 S. Broadway, Ste. 100, Tyler, Texas 75701				STATE: ZIP CODE			
8 CAMPAIGN TREASURER PHONE	AREA CODE ( 903 )	PHONE NUMBER 597-6311	EXTENSION					
9 REPORT TYPE	<input type="checkbox"/>	January 15	<input type="checkbox"/>	30th day before election	<input type="checkbox"/>	Runoff	<input type="checkbox"/>	15th day after campaign treasurer appointment (Officeholder Only)
	<input type="checkbox"/>	July 15	<input type="checkbox"/>	8th day before election	<input type="checkbox"/>	Exceeded Modified Reporting Limit	<input type="checkbox"/>	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 7	Day / 1 /	Year 23	THROUGH	Month 12	Day / 31 /	Year 23	
11 ELECTION	ELECTION DATE / /			ELECTION TYPE Primary General      Runoff Special      Other Description				
12 OFFICE	OFFICE HELD (if any) Tyler City Council District 4				13 OFFICE SOUGHT (if known)			
14 NOTICE FROM POLITICAL COMMITTEE(S)  Additional Pages	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 OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.							
	COMMITTEE TYPE  GENERAL  SPECIFIC	COMMITTEE NAME						
		COMMITTEE ADDRESS						
		COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TREASURER ADDRESS						

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

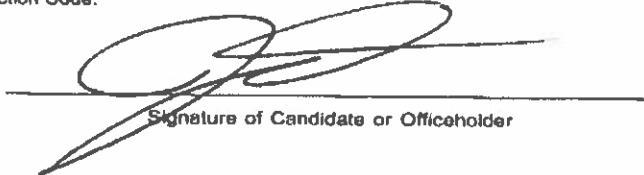
FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME  
James C. Wynne III

16 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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE,	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,800.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 875.75
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

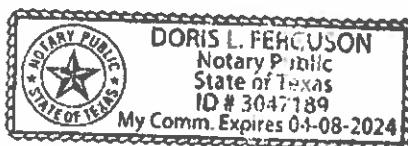
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by James Wynne III this the 16 day of January.

20 24, to certify which, witness my hand and seal of office.

Doris L. Ferguson  
Signature of officer administering oath

Doris L. Ferguson  
Printed name of officer administering oath

Notary  
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_.

(street)	(city)	(state)	(zip code)	(country)
Executed in _____	County, State of _____	on the _____ day of _____, 20_____. (month) (year)		

Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

19 FILER NAME <b>James C. Wynne III</b>	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,000.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
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12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: <b>1</b>
<b>2 FILER NAME</b> <b>James C. Wynne III</b>			<b>3 Filer ID (Ethics Commission Filers)</b>
<b>4 Date</b> <b>08/19/2023</b>	<b>5 Full name of contributor</b> <b>Sharon Wynne</b>	<b>out-of-state PAC (ID#:</b> _____)	<b>7 Amount of contribution (\$)</b> <b>1,000.00</b>
<b>8 Principal occupation / Job title (See Instructions)</b>		<b>9 Employer (See Instructions)</b>	
<b>Date</b> <b>11/13/2023</b>	<b>Full name of contributor</b> <b>James C. Wynne III</b>	<b>out-of-state PAC (ID#:</b> _____)	<b>Amount of contribution (\$)</b> <b>1,000.00</b>
<b>Contributor address:</b> <b>2024 Republic Drive, Tyler, TX 75701</b>		<b>City:</b> _____ <b>State:</b> _____ <b>Zip Code</b> _____	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>	<b>Full name of contributor</b>	<b>out-of-state PAC (ID#:</b> _____)	<b>Amount of contribution (\$)</b>
	<b>Contributor address:</b>	<b>City:</b> _____ <b>State:</b> _____ <b>Zip Code</b> _____	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>	<b>Full name of contributor</b>	<b>out-of-state PAC (ID#:</b> _____)	<b>Amount of contribution (\$)</b>
	<b>Contributor address:</b>	<b>City:</b> _____ <b>State:</b> _____ <b>Zip Code</b> _____	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expenses	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidates/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME James C. Wynne III	3 Filer ID (Ethics Commission Filers)
4 Date 10/01/2023	5 Payee name Spade Design	
6 Amount (\$) 300.00	7 Payee address: 7922 S. Broadway. #21 Tyler, Texas 75703	City: _____ State: _____ Zip Code _____
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) advertising expense	(b) Description social media
	(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 James C. Wynne III	Office sought Office held Tyler city council
Date 11/01/2023	Payee name Spade Design	
Amount (\$) 300.00	Payee address: 7922 S. Broadway. #21 Tyler, Texas 75703	City: _____ State: _____ Zip Code _____
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense	Description social media
	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/OH	Candidate / Officeholder name James C. Wynne III	Office sought Office held Tyler city council
Date 12/01/2023	Payee name Spade Design	
Amount (\$) 300.00	Payee address: 7922 S. Broadway. #21 Tyler, Texas 75703	City: _____ State: _____ Zip Code _____
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense	Description social media
	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/OH	Candidate / Officeholder name James C. Wynne III	Office sought Office held Tyler City council

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out Of District
Credit Card Payment	Legal Services		Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME James C. Wynne III	3 Filer ID (Ethics Commission Filers)
4 Date 07/02/2023	5 Payee name Spade Design	
6 Amount (\$) 300.00	7 Payee address; 7922 S. Broadway, #21 Tyler, Texas 75703	City: _____ State: _____ Zip Code
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) advertising expense	(b) Description social media
	(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 James C. Wynne III	Office sought	Office held Tyler City council
Date 08/01/2023	Payee name Spade Design	
Amount (\$) 300.00	Payee address; 7922 S. Broadway, #21 Tyler, Texas 75703	City: _____ State: _____ Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense	Description social media
	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/OH Candidate / Officeholder name James C. Wynne III	Office sought	Office held Tyler city council
Date 09/01/2023	Payee name Spade Design	
Amount (\$) 300.00	Payee address; 7922 S. Broadway, #21 Tyler, Texas 75703	City: _____ State: _____ Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense	Description social media
	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/OH Candidate / Officeholder name James C. Wynne III	Office sought	Office held Tyler city council

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