

# 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 filed	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Dr.	FIRST Dexter	MI Q	OFFICE USE ONLY		
	NICKNAME	LAST Floyd	SUFFIX	Date Received RECEIVED - City Of Tyler		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE				APR 15 2024	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (903 )	PHONE NUMBER 352-4400	EXTENSION	City Manager's Office <small>Date Hand-Delivered or Date Telemarked</small>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Joshua	MI Q	Receipt #	Amount \$	
	NICKNAME	LAST Currie	SUFFIX	Date Processed		
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE #: CITY: 21416 County Road 145 Tyler, TX 75703				STATE: ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE ( 832 )	PHONE NUMBER 452-9884	EXTENSION			
9 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" 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 11	Day / 1	Year / 23	Month 4	Day / 15	Year / 24
11 ELECTION	ELECTION DATE Month 5 / Day / 4 Year / 24	<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="checkbox"/> Runoff <input type="checkbox"/> Special	ELECTION TYPE Other Description City Council		
12 OFFICE	OFFICE HELD (if any) N/A			13 OFFICE SOUGHT (if known) Tyler City Council District 2		
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				

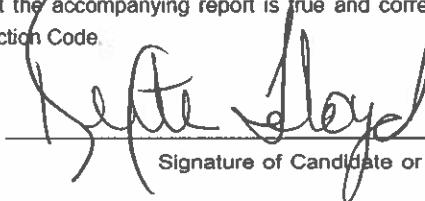
GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

16 C/OH NAME Dexter Floyd	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) \$ 480.13
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 5,530.00
CONTRIBUTION BALANCE	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE \$ 0.00
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES \$ 3,663.42
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 2,435.85
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

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 Dexter Floyd this the 15 day of April  
20 24, to certify which, witness my hand and seal of office.

Cassandra Brager

Cassandra Brager

Signature of officer administering oath

Printed name of officer administering oath

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)



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

<b>19</b> FILER NAME	<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	<b>SUBTOTAL AMOUNT</b>
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,530.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 480.13
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4. SCHEDULE E: LOANS	\$ 0.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3,663.42
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

# 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:
2 FILER NAME <b>DEXTER FLOYD</b>			3 Filer ID (Ethics Commission Filers)
4 Date <b>11/1/23</b>	5 Full name of contributor <b>Albertus Lewis</b>	<input type="checkbox"/> out-of-state PAC (ID#: <u>                  </u> )	7 Amount of contribution (\$) <b>\$1,000</b>
6 Contributor address: <b>2126 Langseth Ave</b>	City: <b>Dallas</b>	State: Zip Code <b>TX 75203</b>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date <b>11/8/23</b>	Full name of contributor <b>Albertus Lewis</b>	<input type="checkbox"/> out-of-state PAC (ID#: <u>                  </u> )	Amount of contribution (\$) <b>\$1,100</b>
Contributor address: <b>2126 Langseth Ave</b>	City: <b>Dallas</b>	State: Zip Code <b>TX 75203</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>11/10/23</b>	Full name of contributor <b>Amanda Wages</b>	<input type="checkbox"/> out-of-state PAC (ID#: <u>                  </u> )	Amount of contribution (\$) <b>\$100</b>
Contributor address: <b>13467 White Tail Dr.</b>	City: <b>Tyler</b>	State: Zip Code <b>TX 75707</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>11/11/23</b>	Full name of contributor <b>Gregory Grubb</b>	<input type="checkbox"/> out-of-state PAC (ID#: <u>                  </u> )	Amount of contribution (\$) <b>\$200</b>
Contributor address: <b>2723 S. Chilton Ave</b>	City: <b>Tyler</b>	State: Zip Code <b>TX 75701</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

## MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1:
2 FILER NAME <b>DEXTER FLOYD</b>				3 Filer ID (Ethics Commission Filers)
4 Date <b>11-19-23</b>	5 Full name of contributor <b>Albertus Lewis</b>	<input type="checkbox"/> out-of-state PAC (ID#: <u>                  </u> )		7 Amount of contribution (\$) <b>\$ 200</b>
6 Contributor address; <b>2126 Langenk Ave</b>	City; <b>Dallas</b>	State; <b>TX</b>	Zip Code <b>75203</b>	
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)	
Date <b>12-5-23</b>	Full name of contributor <b>Gregory Grubb</b>	<input type="checkbox"/> out-of-state PAC (ID#: <u>                  </u> )		Amount of contribution (\$) <b>\$ 200</b>
Contributor address; <b>2723 S. Chilton Ave</b>	City; <b>Tyler</b>	State; <b>TX</b>	Zip Code <b>75701</b>	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date <b>12-7-23</b>	Full name of contributor <b>Kenna Embry</b>	<input type="checkbox"/> out-of-state PAC (ID#: <u>                  </u> )		Amount of contribution (\$) <b>\$ 500</b>
Contributor address; <b>2626 S. Chilton Ave</b>	City; <b>Tyler</b>	State; <b>TX</b>	Zip Code <b>75701</b>	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date <b>12-7-23</b>	Full name of contributor <b>Karen Stansbury</b>	<input type="checkbox"/> out-of-state PAC (ID#: <u>                  </u> )		Amount of contribution (\$) <b>\$ 100</b>
Contributor address; <b>3104 Willow Circle</b>	City; <b>Tyler</b>	State; <b>TX</b>	Zip Code <b>75703</b>	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

## MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Date 12-13-23	5 Full name of contributor Lanesia Wheeler	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) \$ 20
6 Contributor address; 1007 Britton Ave.	City: Tyler	State: TX	Zip Code: 75701
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 12-13-23	Full name of contributor Kimberly Williams	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) \$ 25
Contributor address; 3251 Matlock Rd #22202	City: Mansfield	State: TX	Zip Code: 76063
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12-14-23	Full name of contributor Kimeshia Johnson	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) \$ 25
Contributor address; 12380 FM 850	City: Tyler	State: TX	Zip Code: 75707
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12-14-23	Full name of contributor Darwin Wade	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) \$ 20
Contributor address; 6027 Pietro Dr.	City: Grand Prairie	State: TX	Zip Code: 75052
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

## MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:
2 FILER NAME <b>DEXTER FLOYD</b>			3 Filer ID (Ethics Commission Filers)
4 Date <b>12-14-23</b>	5 Full name of contributor <b>Pamela Hutton</b>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) <b>\$ 20</b>
	6 Contributor address: <b>15234 CR 314</b>	City: <b>Tyler</b> State: <b>TX</b> Zip Code: <b>75706</b>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date <b>12-15-23</b>	Full name of contributor <b>Karla Timms</b>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <b>\$ 20</b>
	Contributor address: <b>416 Eisenhower Dr.</b>	City: <b>Tyler</b> State: <b>TX</b> Zip Code: <b>75704</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>12-15-23</b>	Full name of contributor <b>Sharon Roy</b>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <b>\$ 25</b>
	Contributor address: <b>6452 CR 152 W Bulard</b>	City: <b>TX</b> State: <b>75757</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>12-15-23</b>	Full name of contributor <b>Rodney Hawley</b>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <b>\$ 20</b>
	Contributor address: <b>P.O. Box 56731</b>	City: <b>Atlanta</b> State: <b>GA</b> Zip Code: <b>30343</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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## MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1:
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
4 Date 12/15/2023	5 Full name of contributor Dexter Floyd	<input type="checkbox"/> out-of-state PAC (ID#: _____)		7 Amount of contribution (\$) \$40
	6 Contributor address; 804 Vine Heights	City: Tyler	State: TX	Zip Code: 75701
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)		
Date 12/15/2023	Full name of contributor James Gooding	<input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$) \$50
	Contributor address; 2430 Pioneer Days	City: Tampa	State: FL	Zip Code: 33610
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date 12/15/2023	Full name of contributor Quenia Davis	<input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$) \$50
	Contributor address; 463 Jacobsen Dr.	City: Newark	State: NJ	Zip Code: 07102
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date 12/16/2023	Full name of contributor Jared Sidney	<input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$) \$100
	Contributor address; 422 Paldao Dr.	City: Mesquite	State: TX	Zip Code: 75149
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

## MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

<p>The Instruction Guide explains how to complete this form.</p>				1 Total pages Schedule A1:
<p>2 FILER NAME <b>DEXTER FLOYD</b></p>				3 Filer ID (Ethics Commission Filers)
4 Date <b>12-16-23</b>	5 Full name of contributor <b>Carl brown Jr.</b>	<input type="checkbox"/> out-of-state PAC (ID#: <u>                  </u> )		7 Amount of contribution (\$) <b>\$ 40. 00</b>
<p>6 Contributor address: <b>11623 Lanes End Dr. Flint TX 75762</b></p>		City:	State:	Zip Code
<p>8 Principal occupation / Job title (See Instructions)</p>		<p>9 Employer (See Instructions)</p>		
Date <b>12-16-23</b>	Full name of contributor <b>Daphane Rhoods</b>	<input type="checkbox"/> out-of-state PAC (ID#: <u>                  </u> )		Amount of contribution (\$) <b>\$ 20. 00</b>
<p>Contributor address: <b>910 Vance st. Tyler TX 75702</b></p>		City:	State:	Zip Code
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>		
Date <b>12-16-23</b>	Full name of contributor <b>Nochelle Ivory</b>	<input type="checkbox"/> out-of-state PAC (ID#: <u>                  </u> )		Amount of contribution (\$) <b>\$ 40. 00</b>
<p>Contributor address: <b>202 Willow Rd. Poullard</b></p>		City:	State:	Zip Code <b>TX 75757</b>
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>		
Date <b>12-20-23</b>	Full name of contributor <b>Jacinto Vines</b>	<input type="checkbox"/> out-of-state PAC (ID#: <u>                  </u> )		Amount of contribution (\$) <b>\$ 25. 00</b>
<p>Contributor address: <b>2312 E. Devine st. Tyler TX 75701</b></p>		City:	State:	Zip Code
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

## 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:	
2 FILER NAME				3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor	<input type="checkbox"/> out-of-state PAC (ID#_____)			7 Amount of contribution (\$)
12/21/2023	DeWan Perry	City:	State:	Zip Code	\$100
	6 Contributor address:	616 Green Castle Dr. Dallas TX 75232			
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date	Full name of contributor	<input type="checkbox"/> out-of-state PAC (ID#_____)			Amount of contribution (\$)
1/3/2024	Guillermina Naranjo	City:	State:	Zip Code	\$300
	Contributor address:	223 E. 4th St. Tyler TX 75708			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date	Full name of contributor	<input type="checkbox"/> out-of-state PAC (ID#_____)			Amount of contribution (\$)
1/11/2024	Lillian Brooks	City:	State:	Zip Code	\$250
	Contributor address:	14421 CR 393 Tyler TX 75708			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date	Full name of contributor	<input type="checkbox"/> out-of-state PAC (ID#_____)			Amount of contribution (\$)
12/7/2023	Dexter Floyd	City:	State:	Zip Code	\$200
	Contributor address:	804 Vine Heights Tyler TX 75701			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

## 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:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 12/21/2023	5 Full name of contributor Kristina Ross 6 Contributor address: P.O. Box 8832 Tyler, TX 75711	□ out-of-state PAC (ID#: 7 Amount of contribution (\$) \$ 150
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/2/2024	Full name of contributor Yolanda Young Contributor address: 1681 Skidmore Lane Tyler, TX 75703	□ out-of-state PAC (ID#: Amount of contribution (\$) \$ 25
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/5/2024	Full name of contributor Jacinto Vincas Contributor address: 2312 E. Devine Tyler TX 75701	□ out-of-state PAC (ID#: Amount of contribution (\$) \$ 40
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/6/2024	Full name of contributor Linda Hartsfield Contributor address: 1620 W 7th St. Tyler TX 75701	□ out-of-state PAC (ID#: Amount of contribution (\$) \$ 50
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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## 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:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Date 3-9-2024	5 Full name of contributor Gary Brown	<input type="checkbox"/> out-of-state PAC (ID#: .....)	7 Amount of contribution (\$) \$ 90.00
	6 Contributor address; 18975 Stonecrest Blvd. Unit 1604 Tyler, TX 75703	City: State: Zip Code	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 3-6-2024	Full name of contributor Tronn Green	<input type="checkbox"/> out-of-state PAC (ID#: .....)	Amount of contribution (\$) \$ 90.00
	Contributor address; 3302 Elizabeth Springs Court Katy, TX 77494	City: State: Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3-6-2024	Full name of contributor Darius Thorn	<input type="checkbox"/> out-of-state PAC (ID#: .....)	Amount of contribution (\$) \$ 25.00
	Contributor address; Indian Woods Blvd. Park Forest, IL 60466	City: State: Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3-6-2024	Full name of contributor Shirley Clark	<input type="checkbox"/> out-of-state PAC (ID#: .....)	Amount of contribution (\$) \$ 50.00
	Contributor address; 1600 W. 20th St. Tyler, TX 75702	City: State: Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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## 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:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	<input type="checkbox"/> out-of-state PAC (ID#:	6 Contributor address: City: State: Zip Code
3-8-2024	Nexter Floyd		804 Vine Heights Tyler, TX 75701
7 Amount of contribution (\$)	\$200.00		
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)		
Date	Full name of contributor	<input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)
4-2-2021	Quincy Beavers		\$100.00
Contributor address:	City:	State:	Zip Code
3351 Cascades Ct. Unit 315 Tyler, TX 75709			
Principal occupation / Job title (See Instructions)	Employer (See Instructions)		
Date	Full name of contributor	<input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)
Contributor address:	City:	State:	Zip Code
Principal occupation / Job title (See Instructions)	Employer (See Instructions)		
Date	Full name of contributor	<input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)
Contributor address:	City:	State:	Zip Code
Principal occupation / Job title (See Instructions)	Employer (See Instructions)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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

<p>The Instruction Guide explains how to complete this form.</p>			
		1 Total pages Schedule A2	2
<b>2 FILER NAME</b>   		<b>3 Filer ID (Ethics Commission Filers)</b>  	
<b>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</b>		<b>\$ 388.67</b>	
<b>5 Date</b>  12/12/2023	<b>6 Full name of contributor</b>  Joshua Currie	<b>8 Amount of Contribution \$</b>  218.67	<b>9 In-kind contribution description</b>  Shirts
	<b>7 Contributor address:</b>  21416 County Road 145 Tyler, TX 75703	Check if travel outside of Texas. Complete Schedule T.	
<b>10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)</b>  Educator		<b>11 Employer (FOR NON-JUDICIAL)(See Instructions)</b>  	
<b>12 Contributor's principal occupation (FOR JUDICIAL)</b>  		<b>13 Contributor's job title (FOR JUDICIAL)(See Instructions)</b>  	
<b>14 Contributor's employer/law firm (FOR JUDICIAL)</b>  		<b>15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)</b>  	
<b>16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</b>  			
<b>Date</b>  12/19/2023	<b>Full name of contributor</b>  David Montalvo	<b>Amount of Contribution \$</b>  170.00	<b>In-kind contribution description</b>  Push-Cards
	<b>Contributor address:</b>  8416 Crooked Trl Tyler, TX 75703	Check if travel outside of Texas. Complete Schedule T.	
<b>Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)</b>  		<b>Employer (FOR NON-JUDICIAL)(See Instructions)</b>  	
<b>Contributor's principal occupation (FOR JUDICIAL)</b>  		<b>Contributor's job title (FOR JUDICIAL)(See Instructions)</b>  	
<b>Contributor's employer/law firm (FOR JUDICIAL)</b>  		<b>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</b>  	
<b>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</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.			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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 A2:																		
2 FILER NAME		3 Filer ID (Ethics Commission Filers)																		
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 91.46																		
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)  12-20-23 David Montalvo	8 Amount of Contribution \$ 9 In-kind contribution description  56.28 Business cards																		
7 Contributor address: City: State: Zip Code  1-10-24 8416 Crooked Trl Tyler, TX 75703		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T																		
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)  Retired		11 Employer (FOR NON-JUDICIAL)(See Instructions)																		
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)																		
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)																		
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)																				
<table border="1"> <tr> <td>Date  12-20-23</td> <td>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)  David Montalvo</td> <td>Amount of Contribution \$ 9 In-kind contribution description  35.18 Website</td> </tr> <tr> <td colspan="2">Contributor address: City: State: Zip Code  8416 Crooked Trl Tyler, TX 75703</td> <td><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T</td> </tr> <tr> <td colspan="2">Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)  Retired</td> <td>Employer (FOR NON-JUDICIAL)(See Instructions)</td> </tr> <tr> <td colspan="2">Contributor's principal occupation (FOR JUDICIAL)</td> <td>Contributor's job title (FOR JUDICIAL)(See Instructions)</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm (FOR JUDICIAL)</td> <td>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</td> </tr> </table>			Date  12-20-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)  David Montalvo	Amount of Contribution \$ 9 In-kind contribution description  35.18 Website	Contributor address: City: State: Zip Code  8416 Crooked Trl Tyler, TX 75703		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)  Retired		Employer (FOR NON-JUDICIAL)(See Instructions)	Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date  12-20-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)  David Montalvo	Amount of Contribution \$ 9 In-kind contribution description  35.18 Website																		
Contributor address: City: State: Zip Code  8416 Crooked Trl Tyler, TX 75703		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T																		
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)  Retired		Employer (FOR NON-JUDICIAL)(See Instructions)																		
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)																		
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)																		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)																				
<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

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	3 Filer ID (Ethics Commission Filer)	
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address:	City: State: Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	Advertising	Facebook Ad	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
1-11-24	David Montalvo	City Council	
Amount (\$)	Payee address:	City:	State: Zip Code
\$75.00	8416 Crooked Trl	Tyler	TX 75703
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Advertising	Facebook Ad	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
1-12-24	Dexter Floyd	City Council	
Date	Payee name		
Amount (\$)	Payee address:	City:	State: Zip Code
151.54	8416 Crooked Trl	Tyler	TX 75703
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Advertising	Banner	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**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 <i>Dexter Floyd</i>	3 Filer ID (Ethics Commission Filers)	
4 Date <i>3-12-2024</i>	5 Payee name <i>David Montalvo</i>		
6 Amount (\$) <i>600.00</i>	7 Payee address, <i>8416 Crooked Trl Tyler TX 75703</i>	City: State: Zip Code	
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)  <i>Database</i>	(b) Description  <i>Nailing</i>	
	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date <i>3-28-2024</i>	Payee name <i>David Montalvo</i>		
Amount (\$) <i>250.00</i>	Payee address: <i>8416 Crooked Trl Tyler TX 75703</i>	City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  <i>Booking Walking</i>	Description  <i>MapTire</i>	
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> 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
Date <i>4-2-2024</i>	Payee name <i>David Montalvo</i>		
Amount (\$) <i>50.00</i>	Payee address: <i>8416 Crooked Trl Tyler TX 75703</i>	City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  <i>Phone Banking</i>	Description  <i>Call Hub</i>	
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> 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

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**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	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address:	City: State: Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Phone Banking	(b) Description  Call Hub	
	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4-2-2024	David Montalvo		
Amount (\$)	Payee address:	City.	State: Zip Code
100.00	8416 Crooked Trl Tyler, TX 75703		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Phone Banking	Description  Call Hub	
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4-2-2024	David Montalvo		
Amount (\$)	Payee address:	City.	State: Zip Code
25.82	Crooked Trl Tyler, TX 75703		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Phone Banking	Description  Google Voice	
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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