

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	
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 Date Hand Delivered or Date Telemarked		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Joshua	MI Q	Receipt #	Amount \$	
	NICKNAME	LAST Currie	SUFFIX	Date Processed Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE #, CITY, STATE, ZIP CODE 21416 County Road 145 Tyler, TX 75703					
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		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special 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)	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.					
Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME				
	COMMITTEE ADDRESS					
	COMMITTEE CAMPAIGN TREASURER NAME					
	COMMITTEE CAMPAIGN TREASURER ADDRESS					

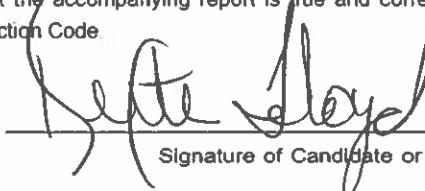
GO TO PAGE 2

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**

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
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 DEXTER FLOYD			3 Filer ID (Ethics Commission Filers)
4 Date 11/1/23	5 Full name of contributor Albertus Lewis	<input type="checkbox"/> out-of-state PAC (ID#: <u> </u>)	7 Amount of contribution (\$) \$1,000
	6 Contributor address; 2126 Langseth Ave	City; Dallas	State; Zip Code TX 75203
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 11/8/23	Full name of contributor Albertus Lewis	<input type="checkbox"/> out-of-state PAC (ID#: <u> </u>)	Amount of contribution (\$) \$1,100
	Contributor address; 2126 Langseth Ave	City; Dallas	State; Zip Code TX 75203
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/10/23	Full name of contributor Amanda Wages	<input type="checkbox"/> out-of-state PAC (ID#: <u> </u>)	Amount of contribution (\$) \$100
	Contributor address; 13467 White Tail Dr.	City; Tyler	State; Zip Code TX 75707
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/11/23	Full name of contributor Gregory Grubb	<input type="checkbox"/> out-of-state PAC (ID#: <u> </u>)	Amount of contribution (\$) \$200
	Contributor address; 2723 S. Chilton Ave	City; Tyler	State; Zip Code 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 DEXTER FLOYD		3 Filer ID (Ethics Commission Filers)
4 Date 11-19-23	5 Full name of contributor Albertus Lewis 6 Contributor address; 2126 Langenk Ave City: Dallas State: TX Zip Code: 75203	7 Amount of contribution (\$) \$ 200
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12-5-23	Full name of contributor Gregory Grubb Contributor address; 2723 S. Chilton Ave City: Tyler State: TX Zip Code: 75701	Amount of contribution (\$) \$ 200
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12-7-23	Full name of contributor Renna Embry Contributor address; 2626 S. Chilton Ave City: Tyler State: TX Zip Code: 75701	Amount of contribution (\$) \$ 500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12-7-23	Full name of contributor Karen Stansbury Contributor address; 3104 Willow Circle City: Tyler State: TX Zip Code: 75703	Amount of contribution (\$) \$ 100
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 12-13-23	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

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 DEXTER FLOYD			3 Filer ID (Ethics Commission Filers)
4 Date 12-14-23	5 Full name of contributor Pamela Hutton	<input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) \$ 20
6 Contributor address: 15234 CR 314		City: Tyler State: TX Zip Code: 75706	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 12-15-23	Full name of contributor Karla Timms	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$ 20
Contributor address: 416 Eisenhower Dr.		City: Tyler State: TX Zip Code: 75704	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12-15-23	Full name of contributor Sharon Roy	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$ 25
Contributor address: 6452 CR 152 W Bullock		City: TX State: 75757	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12-15-23	Full name of contributor Rodney Hawley	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$ 20
Contributor address: P.O. Box 56731		City: Atlanta State: GA Zip Code: 30343	
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 12/15/2023	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; Zip Code 75701	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 12/15/2023	Full name of contributor James Godding	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$50
	Contributor address; 2430 Pioneer Days	City; Tampa State; Zip Code FL 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; Zip Code DE 19702	
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. Magnolia	City; TX State; 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 DEXTER FLOYD</p>				3 Filer ID (Ethics Commission Filers)
4 Date 12-16-23	5 Full name of contributor Carl brown Jr.	<input type="checkbox"/> out-of-state PAC (ID#_____)		7 Amount of contribution (\$) \$ 40. 00
6 Contributor address: 11623 Lanes End Dr.		City: Flint	State: TX	Zip Code 75762
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)		
Date 12-16-23	Full name of contributor Daphane Rhoads	<input type="checkbox"/> out-of-state PAC (ID#_____)		Amount of contribution (\$) \$ 20. 00
Contributor address: 910 Vance st.		City: Tyler	State: TX	Zip Code 75702
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date 12-16-23	Full name of contributor Nochelle Ivory	<input type="checkbox"/> out-of-state PAC (ID#_____)		Amount of contribution (\$) \$ 40. 00
Contributor address: 202 Willow Rd. Poullard		City: TX	State: 75757	Zip Code
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date 12-20-23	Full name of contributor Jacinto Vincs	<input type="checkbox"/> out-of-state PAC (ID#_____)		Amount of contribution (\$) \$ 25. 00
Contributor address: 2312 E. Devine st.		City: Tyler	State: TX	Zip Code 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.

<p>The Instruction Guide explains how to complete this form.</p>				1 Total pages Schedule A1:
<p>2 FILER NAME</p>				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	<input type="checkbox"/> out-of-state PAC (ID#_____)		
12/21/2023	DeWan Perry	City:	State:	Zip Code
	6 Contributor address;			
	6/6 Green Castle Dr.	Dallas	TX	75232
<p>8 Principal occupation / Job title (See Instructions)</p>			<p>9 Employer (See Instructions)</p>	
Date	Full name of contributor	<input type="checkbox"/> out-of-state PAC (ID#_____)		
1/3/2024	Guillermina Narango	City:	State:	Zip Code
	Contributor address;			
	223 E. 4th St. Tyler	TX	75708	
<p>Principal occupation / Job title (See Instructions)</p>			<p>Employer (See Instructions)</p>	
Date	Full name of contributor	<input type="checkbox"/> out-of-state PAC (ID#_____)		
1/11/2024	Lillian Brooks	City:	State:	Zip Code
	Contributor address;			
	14421 CR 393 Tyler	TX	75708	
<p>Principal occupation / Job title (See Instructions)</p>			<p>Employer (See Instructions)</p>	
Date	Full name of contributor	<input type="checkbox"/> out-of-state PAC (ID#_____)		
12/7/2023	Dexter Floyd	City:	State:	Zip Code
	Contributor address;			
	804 Vine Heights Tyler	TX	75701	
<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 12/21/2023	5 Full name of contributor Kristina Ross 6 Contributor address: P.O. Box 8832 Tyler, TX	□ 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

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 3-1-2024	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 Travis 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

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 7-8-2021	5 Full name of contributor Rexter Floyd	<input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) \$200.00
6 Contributor address: 804 Vine Heights	City: Tyler, TX State: Zip Code 75701		
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)		
Date 4-2-2021	Full name of contributor Quincy Beavers	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$100.00
Contributor address: 3351 Cascades Ct. Unit 315	City: Tyler, TX State: Zip Code 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
2 FILER NAME 		3 Filer ID (Ethics Commission Filers) 	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 		\$ 388.67 	
5 Date 12/12/2023	6 Full name of contributor Joshua Currie 	8 Amount of Contribution \$ 218.67 	9 In-kind contribution description Shirts <small>Check if travel outside of Texas. Complete Schedule T.</small>
	7 Contributor address: 21416 County Road 145 Tyler, TX 75703		
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Educator		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) 			
Date 12/19/2023	Full name of contributor David Montalvo 	Amount of Contribution \$ 170.00 	In-kind contribution description Push-Cards <small>Check if travel outside of Texas. Complete Schedule T.</small>
	Contributor address: 8416 Crooked Trl Tyler, TX 75703		
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) 		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) 			
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.

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 \$ 56.28 9 In-kind contribution description 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)		
Date 12-20-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address: City: State: Zip Code David Montalvo 8416 Crooked Trl Tyler, TX 75703	Amount of Contribution \$ 35.18 In-kind contribution description Website <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)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED 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 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)	(b) Description	
	Other - Advertising	Facebook Ad	
	(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	Office sought	Office held
Date	Payee name		
1-11-24	Facebook		
Amount (\$)	Payee address;	City:	State: Zip Code
75.00	1 Hacker Way Menlo Park, CA 94025		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Other - Advertising	Facebook Ad	
	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	Office sought	Office held
Date	Payee name		
1-12-24	FedEx		
Amount (\$)	Payee address;	City:	State: Zip Code
151.54	4522 S Broadway Ave. Tyler, TX 75703		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Printing Expense	Banner	
	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	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	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) Printing Expense	(b) Description Yard Signs	
	(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	Office sought	Office held
Date 2-9-24	Payee name CallHub		
Amount (\$) 25.00	Payee address: 2093 Philadelphia Pike #7468 Claymont, DE 19703	City:	State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Phone Banking	
	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	Office sought	Office held
Date 3-4-24	Payee name Google		
Amount (\$) 25.82	Payee address: 1600 Amphitheatre Parkway Mountain View, CA 94043	City:	State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Google Voice - Phone Banking	
	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	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	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)	(b) Description	
	Printing Expense	Signage	
	(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	Office sought	Office held
Date	Payee name		
3-12-24	L2, Inc.		
Amount (\$)	Payee address:	City: _____	State: _____ Zip Code _____
	5 Schank's Crossing Rd., Ste. 220	Plainsboro, NJ 08536	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Other - Database	Mailing	
	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	Office sought	Office held
Date	Payee name		
3-28-24	MapTive		
Amount (\$)	Payee address:	City: _____	State: _____ Zip Code _____
	548 Market St. Suite 46873	San Francisco, CA 94104	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Other - Database	Block Walking	
	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	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	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)	(b) Description	
	Fees	Phone Banking	
	(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	Office sought	Office held
Date	Payee name		
4-2-24	CallHub		
Amount (\$)	Payee address:	City; State; Zip Code	
100.00	2093 Philadelphia Pike #7468 Claymont, DE 19703		
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Fees	Phone Banking	
	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	Office sought	Office held
Date	Payee name		
4-2-24	CallHub		
Amount (\$)	Payee address:	City; State; Zip Code	
100.00	2093 Philadelphia Pike #7468 Claymont, DE 19703		
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Fees	Phone Banking	
	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	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	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)	(b) Description	
	Fees	Google Voice - Phone Banking	
	(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	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City: _____	State: _____ Zip Code _____
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 <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 _____
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 <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