RECEIVED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FEB 2 6 2024		
BYMarkBishop	FORM	С/ОН
COVER		

The C/OH Instruction C	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST David NICKNAME LAST Parker	MI H. SUFFIX	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address		ometa TX 76853	FEB 2 6 2024
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (512) 540-2539	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Connie NICKNAME LAST Hartmann	MI SUFFIX	Receipt # Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS: (NO PO BOX PLEASE); APT / SI 2483 Hwy. 281 South	uite #, city; Lampasas	STATE; ZIP CODE Texas 76550
8 CAMPAIGN TREASURER PHONE	(512) 556-1415	EXTENSION	, in the second
9 REPORT TYPE	January 15 30th day before el		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 2 / 3 / 24	THROUGH 2	Day Year / 26 / 24
11 ELECTION	BLECTION DATE Month Day Year Primary 3 / 5 / 24 General	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Lampasas Cour	
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS AT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED COMMITTEE TYPE COMMITTEE TYPE COMMITTEE ADDRESS SPECIFIC COMMITTEE CAMPAIGN TREATMENT OF THE POLITICAL CONTRIBUTIONS OF THE POLITICAL CONTRIBUTION OF T	S MAY HAVE BEEN MADE WITHOUT THE CAND RED TO REPORT THIS INFORMATION ONLY IF TI	IDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE CAMPAIGN TRE	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 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)	s 180.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,026.51
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,635.77
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA OF REPORTING PERIOD	\$ 5,033.71
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
	Signature of Candida Please complete either option below:	ate or Office volder
(1) Affidavit	TAMARA M. BROWN Notary Public, State of Texas Comm. Expires 08-25-2025 Notary ID 133292140	
Sworn to and subscribed	before me by David Parker this the 26	th day of February,
20 24 , to certify	which, witness my hand and seal of office. NBUWA TamaraM, Brown	Notory Public Title of officer administering oath
	OR	
(2) Unsworn Declaration	on .	
My name is	, and my date of birth is	
My address is		
press. Carrier Carrier (Carrier Carrier Carrie	(street) (city) (state)	(zip code) (country)
Executed in	County, State of , on the day of (month)	, 20 (year)
	Signature of Candidate/O	Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

-	VIDER NAME 20 Filer ID (Ethics Com	ımissi	ion Filers)
	CHEDULE SUBTOTALS JAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$	2,100.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	1,926.51
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	SCHEDULE E: LOANS	\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	5,635.77
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	\$	

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 co	omplete this	; form.	1 Total pages Schedule A1: 1	
2 FILER NAME David H. F	Parker			3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor Chris Harrison	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)	
02/06/2024	6 Contributor address; P. O. Box 456, Lampas	city; sas, Texa	State; Zip Code as 76550	500.00	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructi	ions)	
Date .		out-of-state PAC	C (ID#:)	Amount of contribution (\$)	
02/12/2024	Contributor address; P. O. Box 51, Lometa,	city; Texas 7	State; Zip Code 76853	500.00	
Principal occup	eation / Job title (See Instructions)		Employer (See Instructi	ions)	
Date	Full name of contributor charlene Ruzicka	out-of-state PAC	C (ID#:)	Amount of contribution (\$)	
02/12/2024	Contributor address; 12009 FM 580 E., Lome	y -	State; Zip Code	100.00	
Principal occup	pation / Job title (See Instructions)		Employer (See Instructi	ions)	
Date		out-of-state PAC	; (ID#:)	Amount of contribution (\$)	
02/19/2024	Michael Neeley Contributor address;	City;	State; Zip Code	1,000.00	
	3404 Wimbledon Dr., Highl	land Villaç	je, Texas 75077		
Principal occup	eation / Job title (See Instructions)		Employer (See Instructi	ions)	
	·				
	ATTACH ADDITIONA	AL COPIES (OF THIS SCHEDULE AS N	FEDED	

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 requ	ested information is not applicable, DO NOT includ	e this page	in the report.	
Th	he instruction Guide explains how to complete this form	n,	1 Total pages Sched	tule A2: 2
2 FILER NAM	E		3 Filer ID (Ethics Co	ommission Filers)
David H.	Parker			·
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	3UTIONS	\$ 238.35	,
5 Date	6 Full name of contributor			9 In-kind contribution
	Ann & Rickey Langley		Contribution \$	description
02/10/2024	7 Contributor address; City; State;	Zip Code	423.33	food
	717 N. Water, Burnet, Texas 78611		Observate if the second country	
40 Descipal con	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIA	At VSee Instructions)
10 Ptinoipai 666	upation / Job tile (LOK MON-JODICME)(Sea Instructions)	11 Campioye	ST (FOR NON-JODICI	AL)(See instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	stor's job title (FOR JU	JDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor		Amount of	In-kind contribution
	Kim & Steve Wilkerson	I	Contribution \$	description
02/10/2024	Contributor address; City; State;	Zip Code	1,124.83	food & entertainment
	2564 CR 2600, Lometa, Texas 7685	•	Check if travel outsi	de of Texas. Complete Schedule T.
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI/	AL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	ıtor's job title (FOR JU	IDICIAL)(See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			-
				
				i

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requ	ested information is not applicable, DO NOT includ	e this page	in the report.	
	ne Instruction Gulde explains how to complete this for	n.	1 Total pages Scheo	dule A2: 2
2 FILER NAM	E		3 Filer ID (Ethics Co	ommission Filers)
David H.	Parker			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$	
5 Date	6 Full name of contributor out-of-state PAC (ID#:		8 Amount of	9 In-kind contribution
	Jan & Scott McLean		Contribution \$	l description
02/10/2024	7 Contributor address; City; State;	Zip Code	140.00	desserts
	P. O. Box 1221, Lampasas, Texas	76550		! }
40 - 1 1 1	<u> </u>	,		ide of Texas. Complete Schedule T.
по Рппскрат осс	supation / Job title (FOR NON-JUDICIAL)(See Instructions)	71 Employe	er (FOR NON-JUDICI	AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JL	JDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor		Amount of	In-kind contribution
			Contribution \$	description
	Contributor address; City; State;	Zip Code		<u> </u>
	Conditions decrease, City, Carlo,	Zp Gode	Check if travel outsi	 de of Texas. Complete Schedule T.
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•		,,-		,, (manassine,
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	itor's job title (FOR JL	IDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
			 _	
	•			
	ATTACH ADDITIONAL CODITO OF T			

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 Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Poling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 PILER NAME David H, Parker 5 Poyee name 02/09/2024 5 Poyee name Sign Designs 6 Amount (3) 7 Payee address: City; State: Zip Code 15 PURPOSE OF EXPENDITURE (4) Category (See Categories listed at the top of this schedule) 2 Complete QMIX if direct or properties advertising expense Purpose OF EXPENDITURE (5) Payee name Lampasas Dispatch Record Payee name Lampasas Dispatch Record Payee address: City; State: Zip Code Diffice sought Office held Office sought Office held Payee name Lampasas Dispatch Record Payee address: City; State: Zip Code Diffice sought Office held Office held Payee name Lampasas Dispatch Record Payee address: City: State: Zip Code Lampasas Texas 76550 Purpose OF EXPENDITURE Category (See Categories listed at the top of this schedule) Complete QMIX if direct OF EXPENDITURE Candidate / Officeholder name Cited Towns Complete Schedule T. Check if Austin, TX, officeholder living expense City: State: Zip Code Description political ad Category (See Categories listed at the top of this schedule) Complete QMIX if direct Office held Payee name Candidate / Officeholder name Cited Towns Complete Schedule T. Check if Austin, TX, officeholder living expense Category (See Categories listed at the top of this schedule) Description Date Office sought City: State: Zip Code Candidate / Officeholder name City: State: Zip Code Candidate / Officeholder name City: State: Zip Code Lampasas Texas 76550 Puppose OF EXPENDITURE Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Description Description Description Description Description Office beld Complete QMIX if direct Office held Complete QMIX if direct Office held Complete QMIX if direct Complete QMIX if direct Complete QMIX if direct Candidate / Officeholder name Office held Office bought	Contributions/Donations Made B Candidate/Officeholder/Politica	• • • • • • • • • • • • • • • • • • • •	Expense Wages/Contract Labor	Travel Out Of District Other (enter a category	(mot listed above)	
2 David H, Parker 5 Payse name 5 Sign Designs 5 Amount (\$) 7 Payse address; 211 S. Key Ave, Lampasas Texas 76550 8 PURPOSE OF EXPENDITURE (b) Check if threef outside of Toxas. Complete Schedule) 2 Complete QHLY if direct or Special Complete Schedule (\$) Check if threef outside of Toxas. Complete Schedule (\$) Chick if Austin, TX, officeholder living expense 2 Complete QHLY if direct or Special Complete Schedule (\$) Chick if Austin, TX, officeholder living expense 2 Complete QHLY if direct or Special Complete Schedule (\$) Chick if Austin, TX, officeholder living expense 2 Candidate / Office held (\$) Chick if Austin, TX, officeholder living expense 2 Candidate / Officeholder name 3 Complete QHLY if direct or Special Complete Schedule (\$) Chick if Austin, TX, officeholder living expense 4 Category (See Categories listed at the top of this schedule) Description advertising expense 4 Complete QHLY if direct or Special Complete Schedule (\$) Category (See Categories listed at the top of this schedule) 5 Payse address; Categories (See Categories listed at the top of this schedule) Description political ad 5 Candidate / Office held (\$) Chick if Austin, TX, officeholder living expense Complete QHLY if direct or Special Complete Schedule (\$) Chick if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held (\$) Chick if Austin, TX, officeholder living expense Category (See Categories listed at the top of this schedule) Description brochures Check if Austin, TX, officeholder living expense Check if Austin, TX, officeholder living expense Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete QNLY if direct Candidate / Officeholder name Complete QNLY if direct Candidate / Officeholder name			-	Canal (chart a categor)		
Sign Designs Sign Designs				3 Filer ID (Ethics	Commission Filers)	
Amount (\$) 7 Payee address;	Date	5 Payee name				
211 S. Key Ave, Lampasas Texas 76550 PURPOSE OF EXPENDITURE (c) Category (See Categories listed at the top of this schedule) advertising expense (d) Category (See Categories listed at the top of this schedule) political signs (e) Check If Austin, TX, officeholder living expense (f) Complete QNLY if direct expenditure to benefit C/OH Payee name Lampasas Dispatch Record Amount (s) Payee address; City: State: Zip Code Lampasas Dispatch Record Category (See Categories listed at the top of this schedule) advertising expense Complete QNLY if direct expenditure to benefit C/OH Cardidate / Officeholder name Office sought Candidate / Officeholder name Office sought Category (See Categories listed at the top of this schedule) political ad Category (See Categories listed at the top of this schedule) advertising expense Complete QNLY if direct expenditure to benefit C/OH Date Payee name 22/14/2024 28 Signs Amount (s) Payee address; City: State: Zip Code 28 Signs Amount (s) Payee address; City: State: Zip Code 29 12.35 Category (See Categories listed at the top of this schedule) brochures Category (See Categories listed at the top of this schedule) brochures Check if Austin, TX, officeholder living expense Check if Exercipation brochures Category (See Categories listed at the top of this schedule) brochures Check if Austin, TX, officeholder living expense Check if Austin, TX, officeholder living expense Complete QNLY if direct Candidate / Office hold	02/09/2024	Sign Designs				
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PURPOSE OF EXPENDITURE Complete ONLY if direct operations of Towas Complete Schedule T. Check if Austin, TX, officeholder living expense	527.19	211 S. Key Ave,	Lampasas	Texas	76550	
Complete QNLY if direct expenditure to benefit C/OH		(a) Category (See Categories listed at the top of this schedule)	(b) Description			
(c) Check if tweel outside of Tozas. Complete Schedule T.	OF	advertising expense	political signs			
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Payee name 02/12/2024 Lampasas Dispatch Record Amount (\$) Payee address; City: State; Zip Code 1,759.50 Payee address; P. O. Box 631, Lampasas Texas 76550 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Payee name 2B Signs Amount (\$) Payee address; Complete Schodule T. Check if Austin, TX, officeholder living expense City: State; Zip Code Description political ad Office sought Office held Payee name 2B Signs Amount (\$) Payee address; City: State: Zip Code Lampasas Texas 76550 PURPOSE OF Solution Schodule T. City: State: Zip Code Lampasas Texas 76550 PURPOSE OF Solution Schodule Texas Complete Schodule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Category (See Categories listed at the top of this schedule) Description brochures Check if fused outside of Texas Complete Schodule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder rame Complete ONLY if direct Candidate / Officeholder rame Office sought Office held		(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living e	xpense	
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Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	OF	advertising expense	political ad			
Date Date Payee name 02/14/2024 2B Signs Amount (\$) 912.35 Payee address; 508 S. Key Ave. City; Lampasas Texas 76550 Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Office holder name Office sought Office held		Check if travel outside of Texas. Complete Schedule T.	uleT. Check if Austin, TX, officeholder living expense			
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Amount (\$) Payee address; City; State; Zip Code Lampasas Texas 76550 Purpose OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Candidate / Office holder name Complete ONLY if direct Candidate / Office holder name City; State; Zip Code Lampasas Texas 76550 Description brochures Check if Austin, TX, officeholder living expense	Date	Payee name				
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Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct Category (See Categories listed at the top of this schedule) Description brochures Check if Austin, TX, officeholder living expense Office held	Amount (\$)		City;	State;	Zip Code	
PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct Candidate / Officeholder name Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held	912.35	508 S. Key Ave.	Lampasas	Texas	76550	
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held		Category (See Categories listed at the top of this schedule)	Description			
Complete QNLY if direct Candidate / Officeholder name Office sought Office held	OF	advertising expense	brochures			
20 41-11 II 611-04		Check if travel outside of Texas, Complete Schedule T,	Check if Austin	, TX, officeholder living e	kpense	
exherioriting to netroit O/OU			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
Accounting/Banking
Consulting Expense
Contributions/Dorations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salaries/Wades/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politic	al Committee Legal Services Salaries	s/Wages/Contract Labor	Other (enter a category	not listed above)
Credit Card Payment	The instruction Guide explains how to	complete this form.		
Total pages Schedule F1:	2 FILER NAME David H.Parker		3 Filer ID (Ethics	Commission Filers)
Date	5 Payee name			
02/14/2024	Lampasas Radio			
Amount (\$)	7 Payee address;	City;	State;	Zip Code
653.60	505 N. Key Ave.	Lampasas	Texas	76550
<u> </u>	(a) Category (See Categories listed at the top of this schedule)	(b) Description		-
PURPOSE OF EXPENDITURE	advertising expense	political inserts	i	
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austin	ı, TX, officeholder living e	xpense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
02/26/2024	Lampasas Dispatch Record			
Amount (\$)	Payee address;	City;	State;	Zip Code
1,392.30	P. O. Box 631	Lampasas	Texas	76550
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	advertising expense	newspaper arti	icle	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living e	xpense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	C	office held
Date	Payee name			-
02/26/2024	Lampasas Radio			
Amount (\$)	Payee address;	City;	State;	Zip Code
390.83	505 N. Key Ave.	Lampasas	Texas	76550
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	advertising expense	political ad		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	. TX, officeholder living ex	xpense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	(Office held
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NEE	DED	