The C/OH Instruction (Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 4
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MR DAN	MI	OFFICE USE ONLY
NAME	NICKNAME LAST HAUSE	SUFFIX	Date Received RECEIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; 162 C.R. 4963 KEMPNER, TX	CITY; STATE; ZIP CODE 76539	JAN 12 2024 BY: MA
Change of Address			
5 CANDIDATE/ OFFICEHOLDER PHONE	(512) PHONE NUMBER (512)	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount \$
TREASURER NAME	MRS DIANE	R	Date Processed
	NICKNAME LAST HAUSE	SUFFIX	Date Imaged
		AL LIVE A	77.0005
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / S 162 C.R. 4963 KEMPNER, TX		STATE; ZIP CODE
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
TREASURER PHONE	(512) 547-0542	EXTENSION	
9 REPORT TYPE	January 15 30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 7 / 1 / 23	THROUGH 12	Day Year / 31 / 23
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary	Runoff Other Description	
	11 / 8 / 22 General	Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUII	S MAY HAVE BEEN MADE WITHOUT THE CAND	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
COMMITTEL(O)	COMMITTEE TYPE COMMITTEE NAME		
Additional Pages	GENERAL COMMITTEE ADDRESS		
Additional Pages	SPECIFIC COMMITTEE CAMPAIGN TRE	ASURER NAME	
	COMMITTEE CAMPAIGN TRE	EASURER ADDRESS	5
ja ja	GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER

FORM C/OH

CAMPAIGN	V FIN	ANCE REPORT	CC	VER SI	HEET PG 2
15 C/OH NAME DAN HAUSE			16 Filer	ID (Ethics C	ommission Filers)
17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$	0.23
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$	0.23
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$	
	4.	TOTAL POLITICAL EXPENDITURES		\$	
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	T DAY	\$	
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE	\$	103.93
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:

Sworn to and subscribed before me by	Dan House	t	his the 12	day of	January.
20 24 , to certify which, witness my h	Debora	ch5MJ/er		Notary	Public administering oath
Olghatare of officer administering datif	Printed name of officer ac	ammistering oath		Title of officer	administering bath
(2) Unsworn Declaration					
My name is		, and my date of	birth is		·
My address is		<i></i>			
(str	reet)	(city)	(state)	(zip code)	(country)
Executed in County,	State of, o	on the day of	(month)	, 20 (year)	
		Signature o	f Candidate/Off	ficeholder (Decl	arant)

SUBTOTALS - C/OH

1	FILER NAME AN HAUSE	20 Filer ID (Ethics Cor	mmiss	ion Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4.	SCHEDULE E: LOANS		\$	0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	0.00
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 FUN	IDS	\$	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 CO	NTRIBUTIONS	\$	0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$	0.23

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

7.

SCHEDULE K

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 Scheo	dule K:
² FILER NAME DAN HAUS	SÉ	3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Name of person from whom amount is received	1	8 Amount (\$)
	EDUCATORS CREDIT UNION	1	
09/30/2023	6 Address of person from whom amount is received; City; State P.O. BOX 2078 WACO, TX 76702-0728	ate; Zip Code	0.10
	7 Purpose for which amount is received Check if INTEREST FOR SAVING ACCOUNT	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
Daig	EDUCATORS CREDIT UNION	Į	
12/31/2023	Address of person from whom amount is received; City; Sta P.O. BOX 2078 WACO, TX 76702-0728	ate; Zip Code	0.13
	Purpose for which amount is received Check if INTEREST FOR SAVING ACCOUNT	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Stat	ate; Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Sta	ate; Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	: AS NEEDED	

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1	Filer ID (Ethics Comm	ission Filers)	2 Total pages file	d: 5		OFFICE	USE ONLY
3	CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Mr. NICKNAME LAST HAC	l SE	MI SUFFI)		JAI	12 2024
4	ORIGINAL REPORT TYPE	30th day before election 15th	eeded modified reporting	Other (specify)	rt Re	ceipt #	Amount \$
5	ORIGINAL PERIOD COVERED	01/01/23	Month	/ 30/ 2	Year Da	te Processed	
6	EXPLANATION OF CO I did not of following de	RRECTION calize that I ea HPS 03-31-2023 . 06-30.2023 .	ined on n oquents oquents	ry savings	s alic	sant on	the
7	SIGNATURE I swe	ar, or affirm, under penalty of	perjury, that this	s corrected re	eport is tr	ue and corr	ect.
	Chec	k ONLY if applicable:					
	Semiannual mislead or to	reports: I swear, or affirm, that to misrepre-sent the information of	the original report contained in the re	was made in eport.	good faith	and without	an intent to
	☐ date I learne	s: I swear, or affirm, that I am fil d that the report as originally file he report as originally filed was i	d is inaccurate or	incomplete I	er than the swear, or	14th busine r affirm, that a	ss day after the any error or
	WHITE ORAH SUE	Will.	-	11			
	TARY PUB			Signature of C	andidate/O	fficeholder	
` '	Affidavit, NOTARY CTAINS /269239/	Please co	omplete eithe	•		A day of	anduz.
20) Jy to certify Dulio V	which, witness my hand and seal of off	boah SM	Upr		Notary	/ 0
Sig	nature of officer administe	ering oath Printed name	of officer administering	ng oath		Title of office	r administering oath
(0)			OR				
(2)	Unsworn Declarati	on					
Му	name is		, an	d my date of bir	th is		
					,		
		(street)		(city)	10	(zip code)	
Ex	ecuted in	County, State of	, on the	day of(m	onth)	, 20 (year)	,
				Signature of Ca	andidate/Off	iceholder (Decl	arant)
	Remember To Atta	ch Any Part Of The Campaign	Finance Report	Form Needed	To Repor	rt And Expla	n Corrections

The C/OH Instruction G	Guide explains how to c	omplete this form.	1 Filer ID (Ethics Commission Filers) 2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR	FIRST DAN	МІ	OFFICE USE ONLY	
NOWL	NICKNAME	HAUSE	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; 162 C.R. 4963 I	APT / SUITE #; C	TTY; STATE; ZIP CODE 76539	RECEIVED JAN 12 2024	
Change of Address				BY:	
5 CANDIDATE/ OFFICEHOLDER PHONE		525-2430	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN	MS / MRS / MR	FIRST	MI	Receipt # Amount \$	
TREASURER NAME	MRS	DIANE	R	Date Processed	
NAME	NICKNAME	LAST	SUFFIX		
	(the description translated by)	HAUSE		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	The second control of	KEMPNER, TX		STATE; ZIP CODE	
.,			The Control of Control		
8 CAMPAIGN TREASURER PHONE		547-0542	EXTENSION		
9 REPORT TYPE	January 15	30th day before ele	ection Runoff	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15	8th day before elec	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)	
10 PERIOD	Month	Day Year	Month	Day Year	
COVERED	1 /	1 / 23	THROUGH 6	/ 30 / 23	
11 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month Day	Year Primary	Runoff Other		
	11 /8 /	22 General	Description Special		
	11 / 0 /	22			
12 OFFICE	OFFICE HELD (if any)	1	13 OFFICE SOUGHT (if known)	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFICEHOL	DER. THESE EXPENDITURES	MAY HAVE BEEN MADE WITHOUT THE CAND	ADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
COMMITTEE(S)	COMMITTEE TYPE CO	MMITTEE NAME			
Additional Pages	GENERAL	MMITTEE ADDRESS			
Additional Fages	SPECIFIC CO	MMITTEE CAMPAIGN TREA	ASURER NAME		
	co	MMITTEE CAMPAIGN TRE	ASURER ADDRESS		
	•	GO TO I	PAGE 2		

15 C/OH NAME DAN HAUSE		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.18
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.18
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS	ST DAY \$
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	* 103.70
l .	wear, or affirm, under penalty of perjury, that the accompanying report is tru quired to be reported by me under Title 15, Election Code.	e and correct and includes all information
	Los	
	Signature of Ca	indidate or Officeholder
Wilhing S.	Please complete either option belov	ı:
(1) Affidavit	26923999	
NOTARY STAMP	72692399. RES 6-10-2023	
Sworn to and subscribed		124h day of January.
20 d, to certify	which, witness my hand and seal of office.	
- Selet Buy	Debsandiller	Notary
Signature of officer administe	t miss rame of emet administring eath	Title of office administering oath
	OR	
(2) Unsworn Declarati	on	
My name is	, and my date of birth is	
My address is		
	(street) (city) (s	state) (zip code) (country)
Executed in	County, State of , on the day of (month	, 20 (year)
=	Signature of Candid	date/Officeholder (Declarant)

SUBTOTALS - C/OH

	AN HAUSE	20 Filer ID (Ethics Comm	nissi	on Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS		\$	0.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4.	SCHEDULE E: LOANS	:	\$	0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS	\$	0.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	ONTRIBUTIONS	\$	0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	:	\$	0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUND	os :	\$	0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A E	SUSINESS OF C/OH	\$	0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS	\$	0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	ONS RETURNED	\$	0.18

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

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

<u> </u>	· · · · · · · · · · · · · · · · · · ·		
The	Instruction Guide explains how to complete this form.	1 Total pages Scher	dule K:
² FILER NAME DAN HAUS	SE	3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Name of person from whom amount is received		8 Amount (\$)
T Date	EDUCATORS CREDIT UNION	1	
03/31/2023	6 Address of person from whom amount is received; City; Sta P.O. BOX 2078 WACO, TX 76702-0728	ate; Zip Code	0.09
	7 Purpose for which amount is received Check if INTEREST FOR SAVING ACCOUNT	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
Date	EDUCATORS CREDIT UNION	j	
06/30/2023	Address of person from whom amount is received; City; Sta P.O. BOX 2078 WACO, TX 76702-0728	ate; Zip Code	0.09
	Purpose for which amount is received Check if INTEREST FOR SAVING ACCOUNT	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Sta	ate; Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Sta	ate; Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	E AS NEEDED	

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1	Filer ID (Ethics Comm	ission Filers)	2 Total pages filed:	OFFICE USE ONLY					
3	CANDIDATE /	MS/MRS/MR FIRST	,/	Date Receive ECEIVED					
	OFFICEHOLDER NAME	MR. DAI	Y a a a s s s a a a a a a a a a a a a a a	THE RESERVE AND ADDRESS AND AD					
		NICKNAME LAST AC	ISF SUFFIX	JAN 12 2024					
		HAC		DV. OM					
4	ORIGINAL REPORT	January 15 Run	Final report	Date Hand delivered or Date Postmarked					
	TYPE	limit		Receipt # Amount \$					
			Other (specify) day after treasurer printment (officeholder only)						
_				Date Processed					
5	ORIGINAL PERIOD COVERED	Month Day Year		Date Imaged					
			ROUGH 12/31/2	2					
6	EXPLANATION OF CORRECTION I did not realized I earned .03 cents of interest on my sarings account on 12-31-22								
7	SIGNATURE I swe	ear, or affirm, under penalty of	perjury, that this corrected re	port is true and correct.					
		ck ONLY if applicable:	The second secon						
			he original report was made in o	ood faith and without an intent to					
	mislead or to	o misrepre-sent the information of	contained in the report.	Soc land and milion to					
	COLUMN STATE	s: I swear, or affirm, that I am fil what the report as originally file the port as originally filed was	d is inaccurate or incomplete. I	than the 14th business day after the swear, or affirm, that any error or					
	O STATE		12	adidate/Off calculate					
		: =	Signature of Ca	indidate/Officeholder					
	E ON CE	Please co	omplete either option bel	ow:					
(1)	Affidavit Of 126929	S. C.							
	NOTARY MANAGEMENT	<i>i.</i>							
Sv	worn to and subscribed	before me by	ruse this t	he 124h day of January,					
20	21/	y which, witness my hand and seal of of		10					
20	Deliver	William, withese thy hand and seal oron	borah Sue Miller	Notary					
Sig	gnature of officer administ	ering oath Printed name	e of officer administering oath	Title of officer administering oath					
			OR						
(2) Unsworn Declarat	ion							
,_		0.000							
Му	y name is		, and my date of birt	n is					
My	y address is								
		(street)	(city)	(state) (zip code) (country)					
Ex	ecuted in	County, State of	, on the day of	onth) , 20					
			Signature of Ca	ndidate/Officeholder (Declarant)					
	Remember To Atta	ach Any Part Of The Campaign	Finance Report Form Needed	To Report And Explain Corrections					

The C/OH Instruction (Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Fi	2 Total pages filed: 4	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST DAN	MI	OFFICE USE ONLY	
NAME	NICKNAME	HAUSE	SUFFIX	Date Received RECEIVED	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; 162 C.R. 496	63 KEMPNER, TX	CITY; STATE; ZIP CODE 76539	JAN 12 2024 BY:	
Change of Address	The second secon	Market Stocker Topics Total Land			ausadh
5 CANDIDATE/ OFFICEHOLDER PHONE	(512)	525-2430	EXTENSION	Date Hand-delivered or Date Postman	rked
6 CAMPAIGN TREASURER	MS / MRS / MR MRS	DIANE	MI R	Date Processed	
NAME	NICKNAME	LAST	SUFFIX		
	NIGRIYANE	HAUSE		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	22	(NO PO BOX PLEASE); APT / S		STATE: ZIP CODE	
(Residence or Business)					
8 CAMPAIGN TREASURER PHONE	AREA CODE (512)	PHONE NUMBER 547-0542	EXTENSION		
9 REPORT TYPE	January 15	30th day before of	election	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15	8th day before ele	lection Exceeded Modifi Reporting Limit	ied Final Report (Attach C/OH - FF	R)
10 PERIOD	Month	Day Year	Me	onth Day Year	
COVERED	7	/ 1 / 22	THROUGH 12	2 / 31 / 22	
11 ELECTION	ELECTION DA	TE	ELECTION	TYPE	
	Month Day	Year Primary 22 ■ General	Descrip	otion	
	11 / 0 /				
12 OFFICE	OFFICE HELD (if any) JUSTICE OF	THE PEACE, PC	13 OFFICE SOUGHT (IF	known)	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURE	ES MAY HAVE BEEN MADE WITHOUT THE	RES MADE BY POLITICAL COMMITTEES TO SUF E CANDIDATE'S OR OFFICEHOLDER'S KNOWLED NLY IF THEY RECEIVE NOTICE OF SUCH EXPENDIT	GE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TRI	EASURER NAME		
		COMMITTEE CAMPAIGN TR	REASURER ADDRESS		
		GO TO	PAGE 2		

15 C/OH NAME DAN HAUSE	16	Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.03
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.03
EXPENDITURE TOTALS	TOTAL UNITEMIZED POLITICAL EXPENDITURE	
CONTRIBUTION BALANCE	S \$	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH LAST DAY OF THE REPORTING PERIOD	\$ 103.52
	wear, or affirm, under penalty of perjury, that the accompanying report is true arquired to be reported by me under Title 15, Election Code.	nd correct and includes all information
	Signature of Candid	date or Officeholder
	Please complete either option below:	
HARORAH	SUE WILL	
MATOFRATARY	PUP	
(1) Affidate (1)		
(I) Allidate	The state of the s	
126	97399	
NOTARY STAMPAGEA	10-20 CHININ	
Curam to and subscribed	before me by	July day of January.
Sworn to and subscribed		day of Johnson,
20 d, to certify	which witness my hand and seal of office.	Alalas
Jesmon C	Jepurch sue Miller	Working
Signature of officer administe	ering oath Printed name of officer administering oath	Title of office administering oath
	OR	
(2) Unsworn Declarati	on	
My name is	, and my date of birth is	
My address is		
		e) (zip code) (country)
Executed in	County, State of , on the day of(month)	, 20 (year)
	Signature of Candidate	e/Officeholder (Declarant)

SUBTOTALS - C/OH

	19 FILER NAME DAN HAUSE 20 Filer ID (Ethics Corr			Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT		
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS			0.00
4.	SCHEDULE E: LOANS		\$	0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$	0.00
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		\$	0.03

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

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

The Instruction Guide explains how to complete this form.			dule K:			
2 FILER NAME DAN HAUSE 3 Filer ID (Ethic		s Commission Filers)				
4 Date	5 Name of person from whom amount is received	•	8 Amount (\$)			
	EDUCATORS CREDIT UNION	١				
12/31/2022	6 Address of person from whom amount is received; City; St P.O. BOX 2078 WACO, TX 76702-0728	0.03				
	7 Purpose for which amount is received Check in INTEREST FOR SAVINGS ACCOUNT	f political contribution	returned to filer			
Date	Name of person from whom amount is received		Amount (\$)			
	Address of person from whom amount is received; City; S	tate; Zip Code				
	Purpose for which amount is received Check i	f political contribution	returned to filer			
Date	Name of person from whom amount is received	_	Amount (\$)			
	Address of person from whom amount is received; City; St	ate; Zip Code				
	Purpose for which amount is received Check i	f political contribution	returned to filer			
Date	Name of person from whom amount is received		Amount (\$)			
	Address of person from whom amount is received; City; S	itate; Zip Code	·			
	Purpose for which amount is received Check in	if political contribution	returned to filer			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						