

# 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

FIRST

MI

David

H.

NICKNAME

LAST

SUFFIX

Parker

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

17605 W. FM 580

Lometa

TX

76853

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512 )

540-2539

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

Connie

NICKNAME

LAST

SUFFIX

Hartmann

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

2483 Hwy. 281 South

Lampasas

Texas

76550

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512 )

556-1415

9 REPORT TYPE

☐

January 15

☒

30th day before election

☐

Runoff

☐

15th day after campaign  
treasurer appointment  
(Officeholder Only)

☐

July 15

☐

8th day before election

☐

Exceeded Modified  
Reporting Limit

☐

Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

7

1

23

THROUGH

Month

Day

Year

2

2

24

11 ELECTION

ELECTION DATE

Month

Day

Year

3

5

24

ELECTION TYPE

☒

Primary

☐

Runoff

☐

Other  
Description

☐

General

☐

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Lampasas County Sheriff

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.

COMMITTEE TYPE

COMMITTEE NAME

☐

GENERAL

COMMITTEE ADDRESS

☐

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

David H. Parker

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 20,700.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 12,310.52
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 8,389.48
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 SIGNATURE

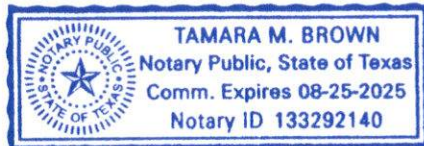
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*David Parker*

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by David Parker this the 2nd day of February, 20 24, to certify which, witness my hand and seal of office.

*Tamara M. Brown* Tamara M. Brown

Signature of officer administering oath

Printed name of officer administering oath

*Notary Public*

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 Lampasas County, State of TX, on the 2nd day of F, 20\_\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3****19 FILER NAME****David H. Parker****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE****SUBTOTAL  
AMOUNT**

1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 20,700.00
2.	■ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,300.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 12,310.52
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 complete this form.

1 Total pages Schedule A1: 7

2 FILER NAME

David H. Parker

3 Filer ID (Ethics Commission Filers)

4 Date

10/16/2023

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Neel &amp; Pam White

7 Amount of contribution (\$)

5,000.00

6 Contributor address;

City;

State;

Zip Code

4220 River Garden Trl, Austin, Texas 78746

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/16/2023

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

George Willeford

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

1801 Raleigh Ave, Austin, Texas 78703

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/16/2023

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Connie &amp; Tim Hendrix

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

P.O.Box 863, Lampasas, Texas 76550

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/27/2023

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Marcia &amp; Dean Tomme

Amount of contribution (\$)

2,500.00

Contributor address;

City;

State;

Zip Code

P. O. Box 467, Lampasas, Texas 76550

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: 6

**2 FILER NAME**

David H. Parker

3 Filer ID (Ethics Commission Filers)

**4 Date**

12/01/2023

**5 Full name of contributor**

out-of-state PAC (ID#: \_\_\_\_\_)

Heath Eckermann

**7 Amount of contribution (\$)**

1,500.00

**6 Contributor address;**

City;

State;

Zip Code

1344 FM 500, San Saba, Texas 76877

**8 Principal occupation / Job title (See Instructions)****9 Employer (See Instructions)****Date**

12/04/2023

**Full name of contributor**

out-of-state PAC (ID#: \_\_\_\_\_)

Steve &amp; Kim Wilkerson

**Amount of contribution (\$)**

1,000.00

**Contributor address;**

City;

State;

Zip Code

2564 CR 2600, Lometa, Texas 76853

**Principal occupation / Job title (See Instructions)****Employer (See Instructions)****Date**

12/04/2023

**Full name of contributor**

out-of-state PAC (ID#: \_\_\_\_\_)

Debby &amp; Derrick Dewald

**Amount of contribution (\$)**

500.00

**Contributor address;**

City;

State;

Zip Code

1875 FM 3170, Kempner, Texas 76539

**Principal occupation / Job title (See Instructions)****Employer (See Instructions)****Date**

12/18/2023

**Full name of contributor**

out-of-state PAC (ID#: \_\_\_\_\_)

Danny &amp; Kathy Selph

**Amount of contribution (\$)**

200.00

**Contributor address;**

City;

State;

Zip Code

6967 CR 3640, Copperas Cove, Texas 76522

**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: 6

2 FILER NAME

David H. Parker

3 Filer ID (Ethics Commission Filers)

4 Date

12/18/2023

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Decil &amp; Billie Reavis

7 Amount of contribution (\$)

200.00

6 Contributor address;

City;

State;

Zip Code

4152 CR 3640, Copperas Cove, Texas 76522

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/27/2023

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Randy &amp; Lori Lake

Amount of contribution (\$)

5,000.00

Contributor address;

City;

State;

Zip Code

P.O. Box 1640, Lampasas, Texas 76550

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/27/2023

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Harold &amp; Angie Porter

Amount of contribution (\$)

200.00

Contributor address;

City;

State;

Zip Code

19330 W FM 580, Lometa, Texas 76853

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/27/2023

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Randy Shipp

Amount of contribution (\$)

200.00

Contributor address;

City;

State;

Zip Code

2745 CR 1403, Lometa, Texas 76853

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: 36

2 FILER NAME  
David H. Parker

3 Filer ID (Ethics Commission Filers)

4 Date  
12/27/20235 Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
Nathan & Marissa Brown6 Contributor address; City; State; Zip Code  
P. O. Box 1143, Lampasas, Texas 76550

7 Amount of contribution (\$)

150.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
01/09/2024Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
Trampus & Keli IsomContributor address; City; State; Zip Code  
2610 FM 2340, Lampasas, Texas 76550

Amount of contribution (\$)

1,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
01/09/2024Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
Jonathan & Jana BlakeContributor address; City; State; Zip Code  
11660 E FM 580, Kempner, Texas 76539

Amount of contribution (\$)

300.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
01/09/2024Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
Warren & Mary BluntzerContributor address; City; State; Zip Code  
3090 CR 1045, Lampasas, Texas 76550

Amount of contribution (\$)

500.00

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: 6

2 FILER NAME

David H. Parker

3 Filer ID (Ethics Commission Filers)

4 Date

01/16/2024

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Eric Batchelor

7 Amount of contribution (\$)

200.00

6 Contributor address;

City;

State;

Zip Code

14 Chris Ave, Lampasas, Texas 76550

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

01/24/2024

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Robert &amp; Ann Wagner

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

291 CR 1716, Lometa, Texas 76853

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/29/2024

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Joan Kelley

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

371 Kelley Ln, Killeen, Texas 76542

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/30/2024

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Carrie Garrett-Marez

Amount of contribution (\$)

300.00

Contributor address;

City;

State;

Zip Code

2300 Deer Trail, Lampasas, Texas 76550

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: <b>6</b>
2 FILER NAME <b>David H. Parker</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>02/02/2024</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Zachary &amp; Lucy Taylor</b> 6 Contributor address; City; State; Zip Code <b>300 Sunrise Hills, Lampasas, Texas 76550</b>	7 Amount of contribution (\$) <b>250.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>02/02/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Zachary &amp; Courtney Carnley</b> Contributor address; City; State; Zip Code <b>317 Sunrise Hills, Lampasas, Texas</b>	Amount of contribution (\$) <b>350.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<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: <b>1</b>	
2 FILER NAME <b>David H. Parker</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <b>01/31/2024</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Skip &amp; Vicki Taylor</b> 7 Contributor address; City; State; Zip Code <b>2376 E. Highway 190, Lampasas, Texas 76550</b>	8 Amount of Contribution \$ <b>1,300.00</b>	9 In-kind contribution description <b>billboard</b>
		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
			Check if travel outside of Texas. Complete Schedule T.
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)			
<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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card PaymentEvent Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal ServicesLoan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract LaborSolicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 5	<b>2</b> FILER NAME David H. Parker	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 11/14/2023	<b>5</b> Payee name Lampasas County Republican Party	
<b>6</b> Amount (\$) 750.00	<b>7</b> Payee address; City; State; Zip Code Lampasas Texas 76550	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) other	<b>(b)</b> Description filing fee
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/17/2023	Payee name Sign Designs	
Amount (\$) 2,619.65	Payee address; City; State; Zip Code 211 S. Key Ave. Lampasas Texas 76550	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) advertising expense	Description business cards, stakes and political signs
	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 11/21/2023	Payee name Putters & Gutters	
Amount (\$) 200.00	Payee address; City; State; Zip Code 2483 S. Hwy. 281 Lampasas Texas 76550	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) advertising expense	Description pickle court 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
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# 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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>5</b>		2 FILER NAME <b>David H. Parker</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>12/01/2023</b>		5 Payee name <b>2B Signs</b>			
6 Amount (\$) <b>943.38</b>		7 Payee address; <b>508 S Key Ave.</b>		City; <b>Lampasas</b>	State; <b>Texas</b>
				Zip Code <b>76550</b>	
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>political advertising</b>		(b) Description <b>political signs</b>		
	(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 <b>12/06/2023</b>		Payee name <b>Sign Designs</b>			
Amount (\$) <b>1,407.25</b>		Payee address; <b>211 S. Key Ave.</b>		City; <b>Lampasas</b>	State; <b>Texas</b>
				Zip Code <b>76550</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>advertising expense</b>		Description <b>political signs</b>		
	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 <b>12/18/2023</b>		Payee name <b>Lampasas Dispatch Record</b>			
Amount (\$) <b>260.00</b>		Payee address; <b>P. O. Box 631</b>		City; <b>Lampasas</b>	State; <b>Texas</b>
				Zip Code <b>76550</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>advertising expense</b>		Description <b>political ad</b>		
	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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 5		<b>2</b> FILER NAME David H. Parker		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 12/27/2023		<b>5</b> Payee name Sign Designs			
<b>6</b> Amount (\$) 2,098.43		<b>7</b> Payee address; 211 S. Key Ave.		City; Lampasas	State; Texas
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) advertising expense		<b>(b)</b> Description political signs & stakes	
		<b>(c)</b> Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 01/09/2024		Payee name 2B Signs			
Amount (\$) 393.96		Payee address; 508 S. Key Ave.		City; Lampasas	State; Texas
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) advertising expense		Description political signs	
		Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 01/15/2024		Payee name Sign Designs			
Amount (\$) 671.15		Payee address; 211 S. Key Ave.		City; Lampasas	State; Texas
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) advertising expense		Description signs and business cards	
		Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense	
Complete ONLY 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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>5</b>		2 FILER NAME <b>David H. Parker</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>01/23/2024</b>		5 Payee name <b>2B Signs</b>			
6 Amount (\$) <b>420.89</b>		7 Payee address; City; State; Zip Code <b>508 S. Key Ave. Lampasas Texas 76550</b>			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>advertising expense</b>		(b) Description <b>brochures</b>		
	(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 <b>01/24/2024 Lampasas Dispatch Record</b>					
Amount (\$) Payee address; City; State; Zip Code <b>1,392.30 P. O. Box 631 Lampasas Texas 76550</b>					
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>advertising expense</b>		Description <b>newspaper article</b>		
	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 <b>01/31/2024 Lampasas Dispatch Record</b>					
Amount (\$) Payee address; City; State; Zip Code <b>1,000.00 P. O. Box 631 Lampasas Texas 76550</b>					
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>advertising expense</b>		Description <b>newspaper article and on line ad</b>		
	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					
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					

# 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/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>5</b>		2 FILER NAME <b>David H. Parker</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>02/01/2024</b>		5 Payee name <b>2B Signs</b>			
6 Amount (\$) <b>153.51</b>		7 Payee address; City; State; Zip Code <b>508 S. Key Ave. Lampasas Texas 76550</b>			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)		(b) Description		
	(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				
<b>PURPOSE OF EXPENDITURE</b>	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				
<b>PURPOSE OF EXPENDITURE</b>	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



## AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

*An exemption affidavit must be submitted with each paper report.*

*Beginning on January 1, 2024, a candidate or officeholder who has accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in any calendar year must file all subsequent reports electronically.*

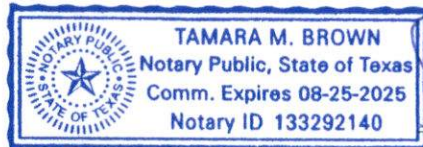
Filer name David H. Parker	Filer ID #
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OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

1. I swear or affirm that I have not accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in a calendar year.
2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$32,810 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
5. I am filing this affidavit with the 30th day before report due on 2/2/2024.  
I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

**Please complete either option below:**

**(1) Affidavit**



*David Parker*  
Signature of Filer

NOTARY STAMP/SEAL

Sworn to and subscribed before me by David Parker this the 2nd day of February, 20 24, to certify which, witness my hand and seal of office.

*Tamara M. Brown*  
Signature of officer administering oath

Tamara M. Brown  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

OR

**(2) Unsworn Declaration**

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

My address is \_\_\_\_\_ (street), \_\_\_\_\_ (city), \_\_\_\_\_ (state), \_\_\_\_\_ (zip code), \_\_\_\_\_ (country).

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
Signature of Filer (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT  
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**