# CODE OF FAIR CAMPAIGN PRACTICES

## FORM CFCP COVER SHEET

Pursuant to chapter 258 of the Election Code, every candidate and political committee is encouraged to subscribe to the Code of Fair Campaign Practices. The Code may be filed with the proper filing authority upon submission of a campaign treasurer appointment form. Candidates or political committees that already have a current campaign treasurer appointment on file as of September 1, 1997, may subscribe to the code at any time.

Subscription to the Code of Fair Campaign Practices is voluntary.

OFFICE USE ONLY
Date Received
FILED 09-7103 Richelle Culifer Clections information Orders (1997) Force
Date Hand-delivered or Postmarked
151-26-25
Date Processed
19-16-13-3
Date Imaged

1 ACCOUNT NUMBER (Ethics Commission Filers)	2 TYPE OF FILER  CANDIDATE  If filing as a candidate, complete boxes 3 - 6, then read and sign page 2.	POLITICAL COMMITTEE  If filing for a political committee, complete boxes 7 and 8, then read and sign page 2.			
3 NAME OF CANDIDATE (PLEASE TYPE OR PRINT)  Edward Weie	TITLE (D. Mc.) SIRST  WORLD  NICKNAME  LAST  WORLD	MI SUFFIX (SR., JR., III, etc.)			
4 TELEPHONE NUMBER OF CANDIDATE (PLEASE TYPE OR PRINT)	(806) PHONE NUMBER	EXTENSION			
5 ADDRESS OF CANDIDATE (PLEASE TYPE OR PRINT)	SINEETTI OOOA	TY: STATE; ZIP CODE			
6 OFFICE SOUGHT BY CANDIDATE (PLEASE TYPE OR PRINT)	Commisioner 3				
7 NAME OF COMMITTEE (PLEASE TYPE OR PRINT)					
8 NAME OF CAMPAIGN TREASURER (PLEASE TYPE OR PRINT)	TITLE (Dr. M., Ms., etc.)  Weiger Edsul  NICKNAME LAST  Weiser	MI SUFFIX (SR., JR., III, etc.)			
GO TO PAGE 2					

## **CODE OF FAIR CAMPAIGN PRACTICES**

There are basic principles of decency, honesty, and fair play that every candidate and political committee in this state has a moral obligation to observe and uphold, in order that, after vigorously contested but fairly conducted campaigns, our citizens may exercise their constitutional rights to a free and untrammeled choice and the will of the people may be fully and clearly expressed on the issues.

#### THEREFORE:

- (1) I will conduct the campaign openly and publicly and limit attacks on my opponent to legitimate challenges to my opponent's record and stated positions on issues.
- (2) I will not use or permit the use of character defamation, whispering campaigns, libel, slander, or scurrilous attacks on any candidate or the candidate's personal or family life.
- (3) I will not use or permit any appeal to negative prejudice based on race, sex, religion, or national origin.
- (4) I will not use campaign material of any sort that misrepresents, distorts, or otherwise falsifies the facts, nor will I use malicious or unfounded accusations that aim at creating or exploiting doubts, without justification, as to the personal integrity or patriotism of my opponent.
- (5) I will not undertake or condone any dishonest or unethical practice that tends to corrupt or undermine our system of free elections or that hampers or prevents the full and free expression of the will of the voters, including any activity aimed at intimidating voters or discouraging them from voting.
- (6) I will defend and uphold the right of every qualified voter to full and equal participation in the electoral process, and will not engage in any activity aimed at intimidating voters or discouraging them from voting.
- (7) I will immediately and publicly repudiate methods and tactics that may come from others that I have pledged not to use or condone. I shall take firm action against any subordinate who violates any provision of this code or the laws governing elections.

I, the undersigned, candidate for election to public office in the State of Texas or campaign treasurer of a political committee, hereby voluntarily endorse, subscribe to, and solemnly pledge myself to conduct the campaign in accordance with the above principles and practices.

Signature

Date

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3 CANDIDATE	ADDRESS (SOCIETY	Wais-	V			Richelle Culifer	,
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(if known)	Conn	NISSioner	3				
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8 CAMPAIGN TREASURER	STREET ADDRESS;	APT	Y SUITE #;	CITY;		STATE; ZIP CODE	
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		•	,			Aug Government Govern	
I am aware of my responsibility to file timely reports as required by title 15 of							
	the Election Code.						
I am aware of the restrictions in title 15 of the Election Code on contributions							
	from corporations and labor organizations.						
	-27	The state of the			<del></del> ,	8-26-23	
	1	Signature of Candid	date			Date Signed	
GO TO PAGE 2							

# CANDIDATE MODIFIED REPORTING DECLARATION

FORM CTA

- 11 CANDIDATE NAME
- 12 MODIFIED REPORTING DECLARATION

## COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING

- •• This declaration must be filed no later than the 30th day before the first election to which the declaration applies. ••
- •• The modified reporting option is valid for one election cycle only. •• (An election cycle includes a primary election, a general election, and any related runoffs.)
  - •• Candidates for the office of state chair of a political party may NOT choose modified reporting. ••

I do not intend to accept more than \$1,010 in political contributions or make more than \$1,010 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. I understand that if either one of those limits is exceeded, I will be required to file pre-election reports and, if necessary, a runoff report.

Year of election(s) or election cycle to which declaration applies

Signature of Candidate

This appointment is effective on the date it is filed with the appropriate filing authority.

TEC Filers may send this form to the TEC electronically at treasappoint@ethics.state.tx.us or mail to

Texas Ethics Commission P.O. Box 12070 Austin, TX 78711-2070

Non-TEC Filers must file this form with the local filing authority DO NOT SEND TO TEC

For more information about where to file go to: https://www.ethics.state.tx.us/filinginfo/QuickFileAReport.php

#### **CANDIDATE / OFFICEHOLDER** FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 2 Total pages filed: 2 1 Filer ID (Ethics Commission Filers) The C/OH instruction Guide explains how to complete this form. 3 CANDIDATE/ MI **OFFICEHOLDER** OFFICE USE ONLY NAME Date Received SUFFIX 111/2024 FILED 4 CANDIDATE / ESS / PO BOX; Richelle Culifer APT / SUITE #: CITY: STATE: ZIP CODE **OFFICEHOLDER** 79088 Elections Advision to MAILING Tulia TX **ADDRESS** Swipley County, 18.20 Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** PHONE 11/2024 Receipt # 6 CAMPAIGN Mi E-**TREASURER** NAME Date Process NICKNAME SUFFIX Date Imaged STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY STATE. ZIP CODE CAMPAIGN TREASURER 79085 Tellin **ADDRESS** TX (Residence or Business) AREA CODE PHONE NUMBER 8 CAMPAIGN EXTENSION TREASURER PHONE (806) 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Month COVERED THROUGH ELECTION TYPE 11 ELECTION ELECTION DATE Primary Other Description Month Special General 13 OFFICE SOUGHT (If known) 12 OFFICE OFFICE HELD (If any) Commissioner 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 OFFICEHOLDER'S REFERENTITURES. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE

Additional Pages

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 COH NAME						
Edward	Weise	Fifer ID (Ethics Commission Filers)				
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ \$				
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CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D OF REPORTING PERIOD	AY S				
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	E \$				
18 SIGNATURE   SV						
	year, or affirm, under penalty of perjury, that the accompanying report is true an uired to be reported by me under Title 15, Election Code.	d correct and includes all information				
		-				
	- Shap					
	Signature of Candid	ate or Officeholder				
		L				
Please complete either option below:						
(1) Affidavit						
NOTARY STAMP/SEAL						
Sworn to and subscribed b	efore me by this the	day of				
20, to certify w	hich, witness my hand and seal of office.					
Signature of officer administering	ng oath Printed name of officer administering oath	Title of officer administering oath				
	OR					
(2) Unsworn Declaration						
	, and my date of birth is	3-07-63				
My address is	(street) (city) (state)	79088, US				
Executed in <u>Swish</u>	Tok -	(zip code) (country)				
	2/ml 2					
	Signature of Candidate/C	Officeholder (Declarant)				

19	FILER	NAME	COVER	SHEET PG 3
21	SCHE	Ward Welse	20 Filer ID (Ethics C	Commission Filers)
	NAME	OF SCHEDULE		
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		SUBTOTAL
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0
4.		SCHEDULE E: LOANS		\$ 0
6.		SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON		\$ 0
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	TRIBUTIONS	\$
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CO		* 0
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	ONTRIBUTIONS	\$ 0
9.		SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUND		\$ 0
0.				\$ 0
1.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSCHEDULE I: NON-POLITICAL EXPENSES.		\$ 0
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		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	NS RETURNED	5

#### 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/ MS / MRS HATE OFFICEHOLDER MI NAME OFFICE USE ONLY NICKNAME Date Received 4 CANDIDATE/ FILED\_07/03/2024 ADDRESS / PO BOX; APT / SUITE #; **OFFICEHOLDER** STATE; ZIP CODE Maridel Montgomery MAILING 19088 Talia **Elections Administrator** ADDRESS Swisher County, Texas Change of Address 5 CANDIDATE! AREA CODE OFFICEHOLDER EXTENSION (806) 676-5324 Date Hand-delivered or Date Postmarked PHONE 6 CAMPAIGN TREASURER Mi NAME NICKNAME Ed Weises CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY TREASURER STATE; ADDRESS Tul'a 19088 (Residence or Business) **B CAMPAIGN** AREA CODE TREASURER EXTENSION PHONE (806) 676-5324 9 REPORT TYPE Runoff 15th day after campaign treasurer appointment (Officeholder Only) July 15 8th day before election Exceeded Modified Final Report (Altach C/OH - FR) Reporting Limit 10 PERIOD COVERED THROUGH 02/ 2024 11 ELECTION **ELECTION TYPE** General 12 OFFICE OFFICE HELD (If any) 13 OFFICE SOUGHT (if known) THIS BOX IS FOR MOTICE 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 OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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)	\$ 0			
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CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ %			
18 SIGNATURE IS	wear, or affirm, under penalty of perjury, that the accompanying report is true and	d correct and includes all informati			
rec	quired to be reported by me under Title 15, Election Code.	currect and includes all information			
	1/1/2	۵			
	- glass -				
	Signature of Candid	ate or Officeholder			
Please complete either option below:					
(1) Affidavit					
NOTARY STAMP/SEAL					
Sworn to and subscribed	before me by this the	day of			
20, to certify which, witness my hand and seal of office.					
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath					
The same of the sa					
(2) Unsworn Declaration					
My name is Edward Weiser and my date of birth is 03/07/1963					
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(street) (city) (state) (zip code) (country)  Executed in Sunisher Country State of TeXOS on the 5 day of February, 20 24.					
Executed in Swisher County, State of /eXa3 , on the 5 day of February 20 dy . (month) (year)					
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19 FILER NAME	
	Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4. SCHEDULE E: LOANS	s ø
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SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	s ø
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS 8. SOURCE STATE OF THE PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	s Ø
SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	s ø
SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 621.11 2
SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	1 8 0
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TO FILER TO FILER	s Ø

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 **Event Expense** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expens Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Transportation Equipment & Related Expense Travel in District Polling Expense Printing Expense Contributions/Donations Made By Candidate/Officeholder/Political Commit Travel Out Of District Other (enter a category not listed above) The instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Flier ID (Ethics Commission Filers) Edward Weiser 5 Payee name 4 Date 7 Payee address; 5600 Bell St Skite 105 01/23/2024 6 Amount (\$) 498.71 City; State: Zip Code Reimbursement from Amar: 110, TX 79109 political contributions intended 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE OF EXPENDITURE Adventising Check if travel outside of Te as. Complete Schedute T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name UPS Store 01/26/2024 Amount (\$) State: Zip Code 5600 Bell St Suite 105 22.40 19109 TX political contributions Category (See Categories listed at the top of this schedule) Description PURPOSE OF Flyor hand port Check if Austin, TX, officeholder living expense Advertising Expense Check if travel clusted of Texas. Complete Schedule T. EXPENDITURE Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Payee name Swisher County News Payee address: 108 SE 2Nd 02/19/2024 Amount (\$) Zip Code TX Tulia 79088 \$ 100 Reimbursement from political contributions Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### **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: MS / MRS (MR) 3 CANDIDATE! OFFICEHOLDER Educard NAME OFFICE USE ONLY NICKNAME Date Received SUFFIX FILED\_07 03 2024 4 CANDIDATE/ ADDRESS / PO BOX; Maridel Montgomery OFFICEHOLDER CITY: STATE: ZIP CODE MAILING Tulia Elections Administra **ADDRESS** Swisher County, Texas Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER OFFICEHOLDER EXTENSION Date Hand-delivered or Dale Postmarked PHONE 03/2024 CAMPAIGN TREASURER NAME NICKNAME SLIFFIX CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE): CITY: STATE: TREASURER ZIP CODE Tula **ADDRESS** 19088 TX (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER PHONE 1806 16016-5324 9 REPORT TYPE 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) July 15 Exceeded Modified 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD COVERED 02/05 THROUGH OZ 11 ELECTION ELECTION TYPE Runoff Month 03/05 /2021 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT 14 NOTICE FROM THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY MAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S MOVALEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH

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Edw	ard weiser	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)	\$ 00			
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OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$			
18 SIGNATURE I SV	wear or offers and a section of	$\varphi$			
	wear, or affirm, under penalty of perjury, that the accompanying report is true ulred to be reported by me under Title 15, Election Code.	and correct and includes all information			
	21-010	`			
	Signature of Cano	lidate or Officeholder			
		L			
Please complete either option below:					
,					
(1) Affidavit					
NOTARY STAMP/SEAL					
Sworn to and subscribed b	pefore me by this the	day of			
20, to certify which, witness my hand and seal of office.					
Signature of officer administeri	ng oath Printed name of officer administering oath	Title of officer administering oath			
	Oft	<b>用物。这个特别的是</b>			
(2) Unsworn Declaration	n				
My name is					
(street) (city) (state) (zip code) (country) (state) (state) (zip code) (country) (state) (zip code) (country) (coun					
	Maril				
	Signature of Candidate	e/Officeholder (Declarant)			

1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS  2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS  3. SCHEDULE B: PLEDGED CONTRIBUTIONS  4. SCHEDULE E: LOANS  5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS  5. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  5. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS  5. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS  5. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	mission Filers)
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3. SCHEDULE B: PLEDGED CONTRIBUTIONS  4. SCHEDULE E: LOANS  5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS  6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS  8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ Ø
4. SCHEDULE E: LOANS  5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS  6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS  8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ Ø
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SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS  SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 9
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS \$  S. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD.	Ø
SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	, Ø
\$	ø
SCHEDULE G: POLITICAL EXPENDITURES	Ø
SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS  SCHEDULE H: PAYMENT MADE FROM POLITICAL CANDIDATES STATEMENT MADE FROM PERSONAL FUNDS  SCHEDULE H: PAYMENT MADE FROM POLITICAL CANDIDATES STATEMENT MADE FROM PERSONAL FUNDS  SCHEDULE H: PAYMENT MADE FROM POLITICAL CANDIDATES STATEMENT MADE FROM PERSONAL FUNDS  SCHEDULE H: PAYMENT MADE FROM POLITICAL CANDIDATES STATEMENT MADE FROM PERSONAL FUNDS  SCHEDULE H: PAYMENT MADE FROM POLITICAL CANDIDATES STATEMENT MADE FROM PERSONAL FUNDS  SCHEDULE H: PAYMENT MADE FROM POLITICAL CANDIDATES STATEMENT MADE FROM PERSONAL FUNDS STATEMENT FUNDS STATEMENT MADE FROM PERSONAL FUNDS STATEMENT FUNDS STA	Ø
SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$	Ø
SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$  SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED \$	$\varphi$
TO FILER \$	Ø

#### **CANDIDATE / OFFICEHOLDER** FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. 2 Total pages filed: MS / MRS (MB) 3 CANDIDATE! MI **OFFICEHOLDER** OFFICE USE ONLY Edward NAME Date Received NICKNAME ILED 07/03/2024 4 CANDIDATE/ ADDRESS / PO BOX; STATE: ZIP CODE OFFICEHOLDER Maridel Montgome v 19088 MAILING Tulia **Elections Administrator ADDRESS** Swisher County, Texas Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmerked OFFICEHOLDER (806) 676-5324 PHONE 6 CAMPAIGN TREASURER NAME NICKNAME SHEETY STREET ADDRESS (NO PO BOX PLEASE); 7 CAMPAIGN CITY: STATE: ZIP CODE TREASURER Tulia 19088 TX **ADDRESS** (Residence or Business) AREA CODE 8 CAMPAIGN PHONE NUMBER TREASURER PHONE (806) 676-5324 9 REPORT TYPE 30th day before election 15th day after campaign January 15 treasurer appointment (Officeholder Only) July 15 **Exceeded Modified** Final Report (Altach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD COVERED 02/26/2024 THROUGH 05/ ELECTION DATE ELECTION TYPE 11 ELECTION Other Description Day General OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE 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 OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

**GO TO PAGE 2** 

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME		COVER SHEET PG 2
47.001		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THA PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	s 0
EVENOTURE	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	s Ø
	4. TOTAL POLITICAL EXPENDITURES	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS	8/24/21
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	QP .
8 SIGNATURE 1 sw requ	vear, or affirm, under penalty of perjury, that the accompanying report is true uired to be reported by me under Title 15, Election Code.	
	Signature of Car	ndidate or Officeholder
1) Affidavit	Please complete either option below	:
NOTARY STAMP/SEAL		
worn to and subscribed be	afore me by	
0, to certify wh	nich, witness my hand and seal of office.	day of,
gnature of officer administering	g cath Printed name of officer administering oath	Title of officer administering oath
	OR	
) Unsworn Declaration		
y name is <u>Edwar</u>	d Weiser, and my date of birth is	03/09/1963
y address is	Julia T	1. 79088 Swisher.
secuted in Swisker	(street) (city) (state of Texas , on the 20 day of Most	ate) (zip code) (country)
	- Bull	· (year)
	Signature of Candidat	te/Officeholder (Declarant)

19	FILER NAME		
	· · · · · · · · · · · · · · · · · · ·	Comm	ission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	T	SUBTOTAL
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	-	AMOUNT
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	Ø
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	SCHEDULE E: LOANS	\$	Ø
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
S.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	5	Ø
'. 	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	s	Ø
	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	254.51
).	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	α <u>υη. υ</u> (
	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	Ø
<u>.</u>			

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Fees Food/Beverage Expens Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Consulting Expense Contributions/Donations Made By Polling Expens Candidate/Officeholder/Political Com Printing Expens Credit Card Payment eges/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 6 Amount (\$) City: 112126 Zip Code 5600 Bell St Suite 105 Amar: 16 7909 Reimbursement from political contributions intended 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE OF Advertising Exponse EXPENDITURE Check if travel outside of Te Check if Austin, TX, officeholder living sup Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 05/10/2024 City; Zip Code 79109 Amas:110 Category (See Categories listed at the top of this schedule) Description PURPOSE OF thert: Sing Expense EXPENDITURE Check if travel outside of Taxas, Complete Schedule T. Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Zip Code 1009 108 SE 2 NA Tulia 79088 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF EXPENDITURE duertising News paper Check if travel outside of Tex Check if Austin, TX. officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### 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/ MS / MRS (MR) OFFICEHOLDER MI NAME Edward OFFICE USE ONLY NICKNAME Date Received SUFFIX 4 CANDIDATE/ ADDRESS / PO BOX: ZIP CODE FILED 7/3/24 OFFICEHOLDER STATE: MAILING Tulia 19088 Maridel Montgomery **ADDRESS** Elections Administrator Change of Address Swisher County, Texas 5 CANDIDATE AREA CODE PHONE NUMBER OFFICEHOLDER EXTENSION PHONE Date Hand-delivered or Date Postmarked CAMPAIGN Amount \$ TREASURER NAME NICKNAME SUFFIX 7 CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); TREASURER STATE: ZIP CODE ADDRESS Tulia 19088 TV (Residence or Business) CAMPAIGN PHONE NUMBER TREASURER PHONE (806) 676-5324 9 REPORT TYPE 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) July 15 8th day before election **Exceeded Modified** Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD COVERED 05/20/ 2024 THROUGH 30 200 ELECTION DATE 11 ELECTION ELECTION TYPE Other Month General 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 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 OFFICENOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH

15 C/OH NAME	THANCE REPORT	COVER SHEET PG 2				
17 CONTENT	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)	\$				
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	s 0				
	4. TOTAL POLITICAL EXPENDITURES	0				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA	\$ 110.00				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	9				
18 SIGNATURE I SV	rear, or affirm, under penalty of periusy that the	13 8				
requ	tired to be reported by me under Title 15. Election Code.	correct and includes all information				
	The state of the s					
	Signature of Candida	te or Officeholder				
Please complete either option below:						
1) Affidavit						
NOTARY STAMP/SEAL						
worn to and subscribed be	fore me by					
	ich, witness my hand and seal of office.	day of,				
gnature of officer administering	oath Printed name of officer administering oath	Title of officer administering oath				
	OR	the cromeer administering date				
) Unsworn Declaration						
	d weiser and my date of birth is	3km/1963				
y address is	Tulia The	2088 Swisher.				
ecuted in Swisher	(street) (city) (state) County, State ofCXG_5, on the day of	(zip code) (country)  -				

Signature of Candidate/Officeholder (Declarant)

19	FILER NAME 20 Filer ID (Ethics (	commission Filers)		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL	+
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$	Ø	1
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0	1
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	Ø	1
4.	SCHEDULE E: LOANS	\$	Ø	1
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	Ø	1
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	Ø	1
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	Ø	1
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	Ø	1
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	110.00	1
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	Ø	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	Ø	1
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	s	Ø	

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

Advanta	EXPENDITURE CATEGO	OPIEC CO.	
Advartising Expense Accounting/Banking Accounting/Banking Consulting Expense Contributions/Donations Mis Candidate/Officeholder/P Credit Card Payment  Total pages Schedule	ade By olitical Committee  Commit	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Exper Travel In District Travel Out Of District Other (enter a category not listed above)
4 Date	- FILER NAME		3 Filer ID (Ethics Commission Filers
Amount (\$)  Applications intended	7 Payee address; 108 SF DA	News City: Tulia	State; Zip Code
PURPOSE	(a) Category (See Categories listed at the top of this schedul	le) (b) Description	
OF EXPENDITURE	(c) Check it travel ourside from	Vacd	Dians /Nulsanar Ad
omplete <u>ONLY</u> if direct penditure to benefit C/OH	Candidate / Officeholder name	Office sought	TX, officeholder living expense Office held
Date	Payee name		
05/29/2024	Swister County We	ωž	
Amount (\$)  \$10.09  Reimbursement from political contributions intended	Payer address: [0% 5£ & Nd	City: Tulia	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule Adventising Expense	Vard	Sign
Complete ONLY if direct	Check if travel outside of Texas. Complete Schedule T	Cirack it Austin,	TX, officeholder living expense
expenditure to benefit C/C	OH .	Office sought	Office held
Date	Payee name		
Amount (\$)  Reimbursement from political contributions intended	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, T	K, officeholder living expense
plete ONLY if direct	Candidate / Officeholder name	Office sought	