# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed	1:	
3 CANDIDATE / OFFICEHOLDER			OFFICE USE ONLY		
NAME	l		Date Received		
	NICKNAME LAST	SUFFIX	FILED FOR	PECONN	
	Marsha	11			
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE	JAN 2	2 2024	
MAILING ADDRESS			SUSAN STRI COUNTY CLERK, VAI BY	N ZANDT CO., TX	
Change of Address					
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER	EXTENSION	Date Hand-delivered	or Date Postmarked	
PHONE	( )				
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	МІ	Receipt #	Amount \$	
NAME	NICKNAME LAST	SUFFIX	Date Processed		
			Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / 8	SUITE #; CITY; STATE;	ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION			
9 REPORT TYPE	January 15 30th day before	election Runoff	15th day after the treasurer ap (Officeholder	pointment	
	July 15 8th day before e	lection Exceeded \$500 limit	Final Report	(Attach G/OH - FR)	
10 PERIOD COVERED	Month Day Year  11 / 27 / 2023  THROUGH  Month Day Year  1 / 15 / 2024				
11 ELECTION	BLECTION DATE  Month Day Year Primary  3 / 5 / 2024 General	Description	E		
12 OFFICE	OFFICE HELD (If any)	13 OFFICE SOUGHT (If know			
	N/A	Tax Assess	ror- Collecto		
GO TO PAGE 2					

### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15 File	er ID (Ethics Commission Filers)		
16 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			
Additional Pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
			·		
17 CONTRIBUTION TOTALS	1. TOTAL I	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ .		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$		
EXPENDITURE					
TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, S ITEMIZED	\$		
	4. TOTAL	POLITICAL EXPENDITURES	\$		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		\$		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$				
18 AFFIDAVIT			- L-1998-19-19-19-19-19-19-19-19-19-19-19-19-19-		
		I swear, or affirm, under penalty of perjury			
		true and correct and includes all informat under Title 15, Election Spote.	1 / A		
		a 'M/// //	B 1 ///		
		Willing tend	hole		
		Signature of Candidat	e or Officeholder		
. AFFIX NOTARY STAM	MP/SEALABOVE				
		Willard Marda 00	27nd		
Sworn to and subso	$\sim 1$	. •••	, this the		
day of Mures, 20 0 , to certify which, witness my hand and seal of office.					
( Myka (	Ollung	2 Jayla Willing>	seputy Curr.		
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath					

### **EXPENDITURES MADE BY CREDIT CARD**

#### SCHEDULE F4

#### EXPENDITURE CATEGORIES FOR BOX 10(a) Loan Repayment/Relmbursement Sollcitation/Fundraising Expense Transportation Equipment & Related Expense Event Expense Advertising Expense Accounting/Banking Consulting Expense Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel in District Travel Out Of District Other (enter a category not listed above) Printing Expense Contributions/Donations Made By Salaries/Wages/Contract Labor Gandidate/Officeholder/Political Committee Legal Services The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F4: 2 FILER NAME 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 6 Payee name 2 Hotchics Coston Sign Shop 1-8-2024 8 Payee address; City; State; Zip Code 4/0 A. W. Hwy 243 7 Amount (\$) Canton, TX. 75/03 TYPE OF ---Non-Political ➤ Political EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description 10 Printing expense Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check If Austin, TX, officeholder living expense EXPENDITURE Office sought 11 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH David Marshall Tax Assessor Collector Payee name Date City; State; Zip Code Amount (\$) Payee address; TYPE OF Non-Political Political EXPENDITURE Description Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense OF EXPENDITURE Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

### SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Glt/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarles/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District

Contributions/Donations Made E Candidate/Officeholder/Politic	tical Committee Legal Services Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to complete this form.	·
1 Total pages Schedule G:	Willard David Marshall	3 Filer ID (Ethics Commission Filers)
4 Date 11- 27- 23	Van Zandt Raphica Party	
5 Amount (\$)  750.  ✓ Reimbursement from	7 Payee address; City; State; Zip Code	
political contributions intended		
8 PURPOSE OF EXPENDITURE		de of Texas. Complete Schedule T. X, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/G		Office held Collector N/A
Date Worm	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE		ide of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY If direct expenditure to benefit Co		Office held
Date	Payee name	
Amount (\$)	. Payee address; City; State; Zip Code	···
Reimbursement from political contributions intended		
PURPOSE OF	<del> </del>	side of Texas. Complete Schedule T.
EXPENDITURE  Complete ONLY If direct		TX, afficeholder living expense Office held
expenditure to benefit C	501	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEE	DED

### SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL. AMOUNT
1. 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 CO	ONTRIBUTIONS \$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS \$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$3,610.73
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FL	
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C	CONTRIBUTIONS \$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBU	ITIONS \$

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 7 Amount of contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#:\_\_ City; State; Zip Code 6 Contributor address; 8 Principal occupation / Job title (See Instructions) g Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:\_ Amount of contribution (\$) Date City; State; Zip Code Contributor address; Employer (See Instructions) Principal occupation / Job title (See Instructions) out-of-state PAC (ID#:\_ Amount of contribution (\$) Full name of contributor Date City; State; Zip Code Contributor address; Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor Amount of contribution (\$) Date ut-of-state PAC (ID#: Clty; State; Zip Code Contributor address; 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.