CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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 Billy	MI T	OFFICE USE ONLY
NAME	NICKNAME	LAST Martin	suffix JR	Date Received 7. 2024
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; 1201 N Juan		CITY; STATE; ZIP CODE City Texas 78582	Date Received Date Received The ELECTIONS TRATOR
Change of Address				3
5 CANDIDATE/ OFFICEHOLDER PHONE	(956)	357-8834	EXTENSION	Date Range Invered or Date Postman ed TEXA Receipt #
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs	FIRST Gloria	мі Р	Receipt # Afficient \$
IVAIVIE	NICKNAME	LAST	SUFFIX	
		Martin		Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		NO PO BOX PLEASE); APT / SI ez St. Rio Grande	City Texas 78582	STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	(956)	681-0570	EXTENSION	
9 REPORT TYPE	January 15	30th day before el	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	ction Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 7	Day Year / 15 / 24	THROUGH 9	Day Year / 26 / 24
11 ELECTION	Month Day	Year Primary	ELECTION TYPE Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any) None		13 OFFICE SOUGHT (If known) Constable Precir	nct 4 Starr County
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFICE	EHOLDER. THESE EXPENDITURES	MAY HAVE BEEN MADE WITHOUT THE CAND	ADE BY POLITICAL COMMITTEES TO SUPPORT MDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME	
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS	
		GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME Billy Tom Martin Jr			16 Filer ID (Ethics Commission Filers)				
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLIT PLEDGES, LOANS, OR GUA CONTRIBUTIONS MADE EL		\$				
	2. TOTAL POLITICAL CONT (OTHER THAN PLEDGES, L	RIBUTIONS OANS, OR GUARANTEES OF LOANS)	\$				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITI	ICAL EXPENDITURE.	\$				
	4. TOTAL POLITICAL EXPE	NDITURES	\$ 0.00				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIE OF REPORTING PERIOD	BUTIONS MAINTAINED AS OF THE LAS	ST DAY \$				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT LAST DAY OF THE REPORT	OF ALL OUTSTANDING LOANS AS OF	THE \$				
			and correct and includes all information				
required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder							
	Please com	nplete either option below	<i>r</i> :				
(1) Affidavit							
NOTARY STAMP/SEA							
Sworn to and subscribed	pefore me by	this the	day of				
20, to certify	rhich, witness my hand and seal of office.						
Signature of officer administe	ng oath Printed name of	officer administering oath	Title of officer administering oath				
		OR					
(2) Unsworn Declaration	n						
My name is 51	y Tom Martin Jr	and my date of birth is	4-7-1940				
My address is 1201 N	Juarez Street		eyas 78582 Start				
Executed in Statr	(street) County, State of YQY95		tate) (zip code) (country) +0.1 , 20.24 (year)				
		Signature of Candida	ate/Officeholder (Declarant)				

SUBTOTALS - C/OH

19 FILE	9 FILER NAME 20 Filer ID (Ethics Com						
Billy T	om Martin Jr						
	1 SCHEDULE SUBTOTALS NAME OF SCHEDULE						
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						
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$				
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	CONTRIBUTIONS	\$				
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$				
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	DS	\$				
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH						
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	NTRIBUTIONS	\$				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER						
	TOTICEN						

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

		1111		4
The	Instruction Guide explains how to	s form.	1 Total pages Schedule A1:	
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
Billy Tom	Martin Jr			
4 Date	5 Full name of contributor	out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
	6 Contributor address;	City;	State; Zip Code	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
			State; Zip Code	
	<u> </u>			
Principal occupation / Job title (See Instructions) Employer (See Inst			Employer (See Instruc	tions)
Date	Date Full name of contributor out-of-state PAC (ID#:)		Amount of contribution (\$)	
	Contríbutor address;			
	Contributor address,	City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Data	- u		2	
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occur	eation / Job title (See Instructions)		Employer (See Instruct	tions)
, molpar occup	adon / bob title (dee mandenons)		Employer (See instruct	uons)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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.

Т	he Instruction Guide explains how to complete this for	1 Total pages Schedule A2:		
2 FILER NAM Billy Ton	n Martin Jr		3 Filer ID (Ethics Commission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$	
5 Date	6 Full name of contributor out-of-state PAC (ID#:		8 Amount of 9 In-kind contribution Contribution \$ description	
	7 Contributor address; City; State;	Zip Code	l l Check if travel outside of Texas. Complete Schedule T.	
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor)	Amount of In-kind contribution Contribution \$ description	
	Contríbutor address; City; State;	Zip Code	I I I Check if travel outside of Texas. Complete Schedule T.	
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)	
Contributor's	s principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL)(See Instructions)		
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

PLEDGED CONTRIBUTIONS

SCHEDULE B

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 Schedu	ule B:	
2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEMIZED PLEDGES	\$		
5 Date 6 Full name of pledgor	8 Amount of Pledge \$	9 In-kind contribution description	
7 Pledgor address; City; State; Zip Code	 		
	Check if travel outsi	i. de of Texas. Complete Schedule T.	
10 Principal occupation / Job title (See Instructions) 11 Employer (See In			
Date Full name of pledgor	Amount of Pledge \$	In-kind contribution description	
Pledgor address; City; State; Zip Code	! ! !		
	Check if travel outside	de of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions) Employer (See In	nstructions)		
Date Full name of pledgor out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description	
Pledgor address; City; State: Zip Code	Chack if traval outsin	de of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions) Employer (See In		de or rexas. Complete Scheddle 1.	
Findparoccupation / Job title (See Instructions)	istractions)		
Date Full name of pledgor □ out-of-state PAC (ID#:)	Amount of I Pledge \$ I	In-kind contribution description	
Pledgor address; City; State; Zip Code	 Check if travel outsin	de of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions) Employer (See In		to or rocket. Complete deficación i.	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	E AS NEEDED		

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

LOANS SCHEDULE E

		- Instant the page in the re	
The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	NITEMIZED LOANS		\$
5 Date of loan	7 Name of lender	9 Loan Amount (\$)	
6 Is lender a financial Institution?	8 Lender address; City;	10 Interest rate	
			11 Maturity date
12 Principal occupation	on / Job title (See Instructions)		
14 Description of Coll	ateral	Check if personal fundaccount (See Instruct	ds were deposited into political ions)
16 GUARANTOR INFORMATION	17 Name of guarantor	sorra della core poli de	19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
L Y L N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal fund account (See Instruct	ds were deposited into political ions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable Principal Occupation	on (See Instructions)	Employer (See Instructions)	
lf le	ATTACH ADDITIONAL COPI	ES OF THIS SCHEDULE AS NEE	

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)

Gredit Card Payment	The Instruction Guide explains how to	complete this form.	outer (ontes a cate)	gory not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethio	cs Commission Filers)
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(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 Austi	n, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	r name Office sought Office held		
Date	Payee name			
Amount (\$)	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	, 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
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,	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 S	CHEDULE AS NEED	DED	

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

			EXPENDITU	JRE CATEG	ORIES I	FOR BOX 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee			Event Expense Fees 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 Expen Travel In District Travel Out Of District Other (enter a category not listed above)		ent & Related Expense		
			The Instruction	Guide explain	s how to d	complete this form.			
1	Total pages Schedule F2:	2 FILER	NAME				3 Filer I	D (Ethics Co	ommission Filers)
4	TOTAL OF UNITEM	MIZED UN	PAID INCURR	ED OBLIG	SATION	S	\$		
5	Date	6 Payee	name						
7	Amount (\$)	8 Payee	address;			City;		State;	Zip Code
9	TYPE OF EXPENDITURE	[] F	Political		Non-Po	litical			
10	PURPOSE OF EXPENDITURE	(a) Categor	y (See Categories listed	at the top of this s	chedule)	(b) Description			
		(c)	Check if travel outside of Te	exas. Complete Sch	nedule T.	Check if Aus	tin, TX, office	eholder living ex	kpense
11	Complete ONLY if direct expenditure to benefit C/OH	Cand	didate / Officeholde	er name	0	ffice sought		Office held	d
	Date	Payee r	name						
	Amount (\$)	Payee a	address;			City;		State;	Zip Code
	TYPE OF EXPENDITURE	ПР	olitical		Non-Pol	itical			
	PURPOSE OF EXPENDITURE	Category	/ (See Categories listed a	at the top of this so	chedule)	Description			
			Check if travel outside of T	exas. Complete Sc	hedule T.	Check if Aus	stin, TX, office	eholder living e	xpense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Cand	idate / Officeholde	r name	Ot	fice sought		Office held	
				_					
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

		T. T
	The Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAM	1E	3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased; C	ity; State; Zip Code
	7 Description of investment	
	8 Amount of investment (\$)	
Date	Name of person from whom investment is purchased	
	Address of person from whom investment is purchased; City	/; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/BankIng Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense 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	The Instruction Guide explains how to complete this form.			USE A NEW PAGE FOR EACH CREDIT CARD ISSUER			
1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME				3 FI	LER ID (Ethic	s Commission Filers
4 TOTAL OF UNITEMIZED E	XPENDITURES CHARGED TO A	A CREDIT CARD			\$		
5 CREDIT CARD ISSUER	Name of financial institu	tion					
6 PAYMENT	(a) Amount Charged	(b) Date Expendi	ture Charged	(c) Date(s) Cred	dit Card Issuer Pai	d	
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
8 PURPOSE OF EXPENDITURE Political	(a) Category (See Categories I	isted at the top of this sch	edule)	(b) Description			
Non-Political	(c) Check if travel ou	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin,			Check if Austin, TX, o	fficeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder	name	Of	ffice Sought		Office Held	3
PAYMENT	(a) Amount Charged	(b) Date Expendit	ure Charged	(c) Date(s) Cred	lit Card Issuer Paic	1	
PAYEE	(a) Payee name		(b) Payee ad	ldress;	City,	State,	Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories lis	sted at the top of this sche	edule)	(b) Description			
Non-Political	(c) Check if travel out	side of Texas. Complet	te Schedule T.	1	Check if Austin, TX, o	ffireholder living	evnence
Complete <u>ONLY</u> If direct expenditure to benefit C/OH	Candidate / Officeholder r			fice Sought		Office Held	
PAYMENT	(a) Amount Charged \$	(b) Date Expenditu	ure Charged	(c) Date(s) Credi	it Card Issuer Paid		
PAYEE	(a) Payee name		(b) Payee add	dress;	City,	State,	Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories list	ed at the top of this sched	dule)	(b) Description			
Non-Political	(c) Check if travel outs	ide of Texas. Complete	e Schedule T.		Check if Austin, TX,	officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder n	ame	Offi	ice Sought		Office Held	
	ATTACH ADDIT	IONAL COPIES	OF THIS	SCHEDULE A	AS NEEDED		

Forms provided by Texas Ethics Com

Reset Form

ics.s

Reset Page

Revised 1/1/2024

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
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gitf/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 G:	2 FILER NAME		3 Filer ID (Ethics	Commission Filers)		
4 Date	5 Payee name	.1				
6 Amount (\$) Reimbursement from political contributions intended	7 Payee address;	City;	State;	Zip Code		
8 PURPOSE OF EXPENDITURE	(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	ustin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name					
Amount (\$)	Payee address;	City;	State;	Zip Code		
Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description				
	Check if travel outside of Texas. Complete Schedule T.	xpense				
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	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,	TX, officeholder living ex	pense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held		
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEED!	ED			

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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

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 H: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date Business name 6 Amount (\$) 7 Business address; City; State; Zip Code 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Business name Amount (\$) Business address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Business name Amount (\$) Business address; City; State: Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF

EXPENDITURE CATEGORIES FOR BOX 8(a)

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Office sought

Check if travel outside of Texas. Complete Schedule T.

Candidate / Officeholder name

Office held

Check if Austin, TX, officeholder living expense

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

	The Instruction Guide explains how to co	mplete this form.		
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID (Ethics (Commission Filers)
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address;	City	State	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	e instructions regarding type o	of information
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zìp Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions regarding type o	of information
Date	Payee name	·		
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regarding type o	f information
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regarding type of	information
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

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

SCHEDULE K

The Instruction Guide explains how to complete this form. 1 Total pages Schedule		1 Total pages Schedule K:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom amount is received	8 Amount (\$)
	6 Address of person from whom amount is received; City; Sta	te; Zip Code
	7 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
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; Sta	ie; 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	te; Zip Code
	Purpose for which amount is received Check if	political contribution returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

<u> </u>					
The Instruction	on Guide explains how to complete this form.	1 Total pages Schedule T:			
2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
4 Name of Contributor / Con	rporation or Labor Organization / Pledgor / Payee				
5 Contribution / Expenditure	reported on:				
· · ·	- grounding	factorial framework			
Schedule A2	Schedule B Schedule B(J) Schedule C2	Schedule D Schedule F1			
Schedule F2	Schedule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS			
6 Dates of travel 7	7 Name of person(s) traveling				
8	Departure city or name of departure location				
9	Destination city or name of destination location				
10 Means of transportation	11 Purpose of travel (including name of conference,	seminar, or other event)			
Name of Contributor / Con	poration or Labor Organization / Pledgor / Payee				
Contribution / Expenditure	reported on:				
П a					
Schedule A2	Schedule B Schedule B(J) Schedule C2	Schedule D Schedule F1			
Schedule F2	Schedule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS			
Dates of travel	Name of person(s) traveling				
	Departure city or name of departure location				
	Destination city or name of destination location				
Means of transportation	Purpose of travel (including name of conference,	seminar, or other event)			
Name of Contributor / Cor	poration or Labor Organization / Pledgor / Payee				
Contribution / Expenditure	reported on:				
Schedule A2	Schedule B(J) Schedule C2	Schedule D Schedule F1			
Schedule F2	Schedule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS			
Dates of travel	Name of person(s) traveling	11.1149			
	Departure city or name of departure location				
	Destination city or name of destination location				
Means of transportation	Purpose of travel (including name of conference,	seminar, or other event)			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDUL	LE AS NEEDED			

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to complete this form.				
	•• Complete only if "Report Type" on page 1 is marked "Final Report" ••				
1	C/OH N	NAME	2 Filer ID (Ethics Commission Filers)		
3	SIGNA	TURE			
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file. Signature of Candidate / Officeholder				
4		WHO IS NOT AN OFFICEHOLDER uplete A & B below <i>only</i> if you are not an officeholder. ••			
	A.	CAMPAIGN FUNDS			
	Chec	k only one:			
	∇	I do not have unexpended contributions or unexpended interest or income earned fro	m political contributions.		
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.				
	B.	ASSETS			
	Check	k only one:			
	X	I do not retain assets purchased with political contributions or interest or other income	e from political contributions.		
	The state of the s	I do retain assets purchased with political contributions or interest or other income fro that I may not convert assets purchased with political contributions or interest or other personal use. I also understand that I must dispose of assets purchased with political requirements of Election Code, § 254.204.	r income from political contributions to		
5	_	EHOLDER plete this section only if you are an officeholder ••			
		I am aware that I remain subject to filing requirements applicable to an officeholder who defile. I am also aware that I will be required to file reports of unexpended contributions if, an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	after filing the last required report as		
		Sig	nature of Officeholder		



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.

Date Received					
Date Hand-delivered or Date Postmarked					
Receipt#	Amount \$				
Date Processed					
Date Imaged					

OFFICE USE ONLY

Billy tow Marthy Tr	Filer ID #	
---------------------	------------	--

- 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.
- 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.
- I am filing this affidavit with the _____ report due on ____ lunderstand 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

NOTARY STAMP/SEAL		Signatur	e of Filer
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 adm	Inistering oath	Title of officer administering oath
	OR		
(2) Unsworn Declaration	1 -6		
My name is Silly town Ma!	Mu dr	, and my date of birth is	-7-1940
My address is 1201 N. Juanez	Street ik	(city) (state)	Thus 78582 Stary
Executed in Start County,	State of, on the	The play of October	
		Bill Dulan	(year)
		/ Signature of Fi	ler/(Declarant)

CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE/ FIRST MI OFFICE USE ONLY **OFFICEHOLDER** Mr Billy T NAME Date Received NICKNAME LAST SUFFIX Martin Jr 4 CANDIDATE / ADDRESS / PO BOX: APT / SUITE #; STATE; ZIP CODE OFFICEHOLDER 1201 N Juarez Street Rio Grande City, Texas 78582 MAILING **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION **OFFICEHOLDER** (956)357-8834 PHONE MS / MRS / MR FIRST 6 CAMPAIGN MI **TREASURER** Gloria Mrs P Date Processes NAME NICKNAME LAST SUFFIX Date Imaged Martin STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CAMPAIGN ZIP CODE **TREASURER** 1201 N Juarez Street Rio Grande City, Texas 78582 ADDRESS (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION **TREASURER** PHONE 956 681-0570 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 Day Year Year COVERED 31 23 11 24 12 THROUGH 11 ELECTION ELECTION DATE ELECTION TYPE Primary Runoff Other Description Day Year 5 24 General Special OFFICE HELD (if any) 12 OFFICE 13 OFFICE SOUGHT (if known) None Constable Precinct 4 Starr County 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 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. **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 Billy Tom Martin Jr		16 Filer ID (E	Ethics Commission Filers)			
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	375.00			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0.00			
	4. TOTAL POLITICAL EXPENDITURES	\$	849.74			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS	ST DAY \$	0.00			
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	FTHE \$	0.00			
Please complete either option below: (1) Affidavit						
NOTARY STAMP/SEA	-					
Sworn to and subscribed 20, to certify	before me by this the which, witness my hand and seal of office.	day	of			
Signature of officer administe	ring oath Printed name of officer administering oath	Title	of officer administering oath			
	OR					
(2) Unsworn Declaration	on o					
My name is Billy My address is 1201 b Executed in Start		04 - 07 05 , 785 tate) (zip co	211			
	Signature of Candid:	ate/Officeholde	er (Declarant)			

SUBTOTALS - C/OH

	ER NAME Tom Martin Jr	20 Filer ID (Ethics Co	mmissio	n Filers)		
	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE					
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	375.00		
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		\$			
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			849.75		
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH					
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER					

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

	he Instruction Guide explains how to complete this for	n.	1 Total pages Sched	ule A2:		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Billy Tom Martin Jr			7 1101 12 (2111100 00			
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS			\$ 375.00	\$ 375.00		
5 Date	6 Full name of contributor		8 Amount of Contribution \$	9 In-kind contribution description		
12/23		Zip Code	375.00	paid filing fee		
12/2023	1108 Lavaca, St #110-610Austin	Texas,	Check if travel outside	de of Texas. Complete Schedule T.		
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIA	AL)(See Instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JU	DICIAL) (See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spous	se (if any) (FOR JUDICIAL)		
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor	Zip Code	Amount of Contribution \$	In-kind contribution description		
			Check if travel outsic	le of Texas. Complete Schedule T.		
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	FOR NON-JUDICIA	AL)(See Instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	tor's job title (FOR JUI	DICIAL) (See Instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spous	e (if any) (FOR JUDICIAL)		
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDU	LE AS NEEDED			

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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)

Credit Card Payment	The Instruction Guide explains how to complete this form.				
1 Total pages Schedule G:	2 FILER NAME Billy Tom Martin Jr		3 Filer ID (Ethics	Commission Filers)	
4 Date	5 Payee name	·			
12/04/2023	Signworks LLC				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
654.91 Reimbursement from political contributions intended	308 West Main Rio Grande City,	Texas 78582			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
OF EXPENDITURE	Advertising Expense	Political Signs			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living ex	pense	
Scomplete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
11/24/2023	Vistaprint				
Amount (\$)	Payee address;	City;	State;	Zip Code	
194.83 Reimbursement from political contributions intended	275 Wyman Street Wali	tham, MA 02451			
PURPOSE	Category (See Categories listed at the top of this schedule)	Description			
OF EXPENDITURE	Advertising Expense	Political Flyers	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/G	Candidate / Officeholder name DH	Office sought	(Office held	
Date	Payee name				
Amount (\$)	Payee address;	City;	State;	Zip Code	
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	Check if travel cutside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living ex	pense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	(Office held	
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEED!	ED		

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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 Travel In District Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule H: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Business name 6 Amount (\$) Business address: State; Zip Code 308 West Main Rio Grande City, Texas 78582 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Business name Amount (\$) Business address; City; State; Zip Code Description Category (See Categories listed at the top of this schedule) **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Rusiness name Amount (\$) Business address: Zip Code City; Category (See Categories listed at the top of this schedule) Description PURPOSE OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

AMENDMENT: APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM ACTA PG 1

•	AWAIGNIK	EASURER BY A CANDIDATE		PGI
1	CANDIDATE NAME	Tour Martin Jr	2 FILER ID#	3 Total pages filed:
	Use this form	See ACTA Instruction Guide for changes to existing information only		viously disclosed.
4	CANDIDATE NAME	NEW MS/MRS/MR FIRST W NICKNAME LAST W. Q.F. L.	MI Date Re	OFFICE USE ONLY ceived 873/2023
5	CANDIDATE MAILING ADDRESS	NEW ADDRESS / PO BOX; APT / SUITE #; CIT 1201 N Juate 2 Rio Grande (1,14, 1)	7858 7 Recent	C. Sty Congress of De
6	CANDIDATE PHONE	(956) 357-883	Date Im	PARESTRANCE OF SECON
7	OFFICE HELD (ifany)	New	•	
8	OFFICE SOUGHT (if known)	Constable Pro	ecinct 4 STAR	7 County
9	CAMPAIGN TREASURER NAME	Mew MS/MRS/MR FIRST MI	eva Martin	SUFFIX
	CAMPAIGN TREASURER STREET ADDRESS residence or business)	NEW STREET ADDRESS; 1201 M Juare Z Rio Grande City,	APT/SUITE#; CITY;	STATE; ZIP CODE
11	CAMPAIGN TREASURER PHONE	(954) 681 - 05	EXTENSION -	
12	CANDIDATE SIGNATURE	I am aware of the Nepotism Lav I am aware of my responsibility the Election Code. I am aware of the restrictions in from corporations and labor orga-	to file timely reports as requestitle 15 of the Election Code of anizations.	ired by title 15 of
		GO TO F	PAGE 2	

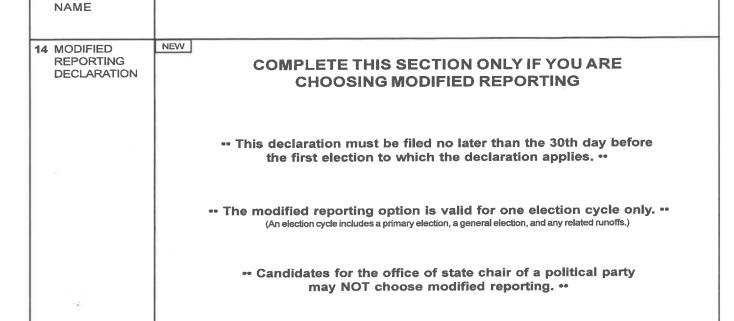
AMENDMENT:

13 CANDIDATE

FORM ACTA

CANDIDATE MODIFIED REPORTING DECLARATION

PG 2



I do not intend to accept more than \$940 in political contributions or make more than \$940 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