

# 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: <i>14</i>		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR .....	FIRST <i>Judy</i>	MI <i>B</i>	OFFICE USE ONLY		
	NICKNAME	LAST <i>Cochran</i>	SUFFIX	Date Received <i>10-7-2024 2:08 PM by E. Monteaux</i>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>300 N Washington Ave Livingston, TX 77351</i>			<input type="checkbox"/> Change of Address		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE <i>(936)</i>	PHONE NUMBER <i>327-4014</i>	EXTENSION	Date Hand-delivered or Date Postmarked <i>10-7-2024</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR .....	FIRST <i>Elisabeth</i>	MI <i>A</i>	Receipt # <i>—</i> Amount \$ <i>—</i>		
	NICKNAME	LAST <i>Toni Cochran-Hughes</i>	SUFFIX	Date Processed <i>10-7-2024</i>		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; <i>300 N Washington Ave Livingston, TX 77351</i>			STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(936)</i>	PHONE NUMBER <i>327-0712</i>	EXTENSION			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit			<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month <i>7</i>	Day <i>/ 16 / 24</i>	Year	Month <i>10</i>	Day <i>/ 7 / 24</i>	Year
11 ELECTION	Month <i>11</i>	Day <i>/ 5 / 24</i>	Year	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Other Description <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) <i>Mayor</i>			13 OFFICE SOUGHT (if known) <i>Mayor</i>		
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.					
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME <i>None</i>				
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS				
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

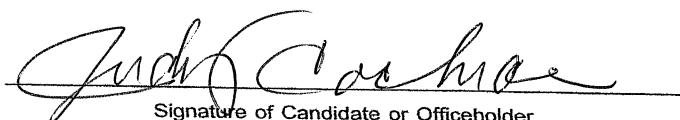
15 C/OH NAME

Judy B Cochran

16 Filer ID (Ethics Commission Filers)

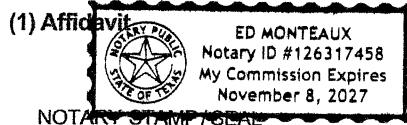
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1600.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 10,472.12
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,776.75
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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



Signature of Candidate or Officeholder

Please complete either option below:



Sworn to and subscribed before me by Judy B Cochran this the 7th day of October, 20 24, to certify which, witness my hand and seal of office.

ED Monteaux

Signature of officer administering oath

Printed name of officer administering oath

City Secretary/Asst. City Mgr.

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 Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

19 FILER NAME	20 Filer ID (Ethics Commission Filers)	
Judy B Cochran		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1300.00	
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 300.00	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0	
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 9400.00	
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1281.83	
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0	
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0	
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0	
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 10,472.12	
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0	
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0	
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0	

# 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: <u>1</u>
2 FILER NAME <u>Judy B Cochran</u>			3 Filer ID (Ethics Commission Filers)
4 Date <u>8/31/24</u>	5 Full name of contributor <u>Dr. Michael Shukan</u>	<input type="checkbox"/> out-of-state PAC (ID#: <u>                  </u> )	7 Amount of contribution (\$) <u>200.00</u>
6 Contributor address; <u>117 Mockingbird</u> <u>Livingston, TX 77351</u>			City; State; Zip Code
8 Principal occupation / Job title (See Instructions) <u>                  </u>		9 Employer (See Instructions)	
Date <u>8/31/24</u>	Full name of contributor <u>Dr. David Buescher</u>	<input type="checkbox"/> out-of-state PAC (ID#: <u>                  </u> )	Amount of contribution (\$) <u>500.00</u>
Contributor address; <u>105 Redbud Circle</u> <u>Livingston, TX 77351</u>			City; State; Zip Code
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>9/14/24</u>	Full name of contributor <u>R W McClish III</u>	<input type="checkbox"/> out-of-state PAC (ID#: <u>                  </u> )	Amount of contribution (\$) <u>100.00</u>
Contributor address; <u>6007 Riverchase Village</u> <u>Kingwood, TX 77345-2113</u>			City; State; Zip Code
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>9/14/25</u>	Full name of contributor <u>Corn-Schmidt Revocable Trust</u>	<input type="checkbox"/> out-of-state PAC (ID#: <u>                  </u> )	Amount of contribution (\$) <u>500.00</u>
Contributor address; <u>211 Schmidt Lane</u> <u>Livingston, TX 77351</u>			City; State; Zip Code
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.

<p>The Instruction Guide explains how to complete this form.</p>				<p>1 Total pages Schedule A2: <u>1</u></p>
<p>2 FILER NAME <u>Judy B Cochran</u></p>				<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</p>				<p>\$ <u>0</u></p>
<p>5 Date <u>8/31/24</u></p>	<p>6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<u></u>) <u>Dr. Raymond Luna</u></p>			<p>8 Amount of Contribution \$ <u>250.00</u></p>
	<p>7 Contributor address; City; State; Zip Code <u>125 Whippoorwill Livingston, TX 77351</u></p>			<p>9 In-kind contribution description <u>Party</u></p>
				<p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
<p>10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)</p>		<p>11 Employer (FOR NON-JUDICIAL) (See Instructions)</p>		
<p>12 Contributor's principal occupation (FOR JUDICIAL)</p>		<p>13 Contributor's job title (FOR JUDICIAL) (See Instructions)</p>		
<p>14 Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>		
<p>16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>				
<p>Date <u>9/21/24</u></p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<u></u>) <u>Clarke Evans</u></p>			<p>Amount of Contribution \$ <u>50.00</u></p>
	<p>Contributor address; City; State; Zip Code <u>P.O. Box 721 Livingston, TX 77351</u></p>			<p>In-kind contribution description <u>Steak Dinner</u></p>
				<p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)</p>		<p>Employer (FOR NON-JUDICIAL) (See Instructions)</p>		
<p>Contributor's principal occupation (FOR JUDICIAL)</p>		<p>Contributor's job title (FOR JUDICIAL) (See Instructions)</p>		
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>		
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

## LOANS

## SCHEDULE E

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 E: <u>3</u>
2 FILER NAME <i>Judy B Cochran</i>			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS			\$
5 Date of loan <i>7/30/24</i>	7 Name of lender <i>Judy B Cochran</i>	<input type="checkbox"/> out-of-state PAC (ID#: <u>                  </u> )	9 Loan Amount (\$) <i>1,000.00</i>
6 Is lender a financial institution? <input checked="" type="checkbox"/> <i>N</i>	8 Lender address; <i>300 N Washington Ave Livingston, TX 77351</i>	City; State; Zip Code	10 Interest rate <i>0</i>
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)	
14 Description of Collateral <input checked="" type="checkbox"/> <i>none</i>		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)	
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> <i>not applicable</i>	17 Name of guarantor  18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)	
Date of loan <i>8/6/24</i>	Name of lender <i>Judy B Cochran</i>	<input type="checkbox"/> out-of-state PAC (ID#: <u>                  </u> )	Loan Amount (\$) <i>400.00</i>
Is lender a financial institution? <input checked="" type="checkbox"/> <i>N</i>	Lender address; <i>300 N Washington Ave Livingston, TX 77351</i>	City; State; Zip Code	Interest rate <i>0</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Description of Collateral <input checked="" type="checkbox"/> <i>none</i>		<input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)	
GUARANTOR INFORMATION <input type="checkbox"/> <i>not applicable</i>	Name of guarantor  Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)	
Principal Occupation (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

## **LOANS**

**SCHEDULE E**

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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

## LOANS

**SCHEDULE E**

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
1	Judy B Cochran			
4 Date	5 Payee name			
7-22-24	Kate & Co. Creative, LLC			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
999.30	1030 Soda Loop E Livingston, TX 77351			
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	Consulting Expense	Technology Assistance		
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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	
	Judy B Cochran	Mayor	Mayor	
Date	Payee name			
7-26-24	Century II Printing			
Amount (\$)	Payee address;	City;	State;	Zip Code
282.53	1504 N. Washington Ave Livingston, TX 77351			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Advertising	Post Cards		
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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	
	Judy B Cochran	Mayor	Mayor	
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 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	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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:  5	2 FILER NAME  Judy B Cochran	3 Filer ID (Ethics Commission Filers)	
4 Date  7/30/24	5 Payee name  Signs + Wonders Unlimited		
6 Amount (\$)  2192.83  <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address;  112 E Mill Street Livingston, TX 77351	City: _____ State: _____ Zip Code: _____	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising	(b) Description  Signs	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH  Judy Cochran	Candidate / Officeholder name  Judy Cochran	Office sought  Mayor	Office held  Mayor
Date  8-12-24	Payee name  Thomas Supply Inc		
Amount (\$)  330.39  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address;  357 S FM 1988 Livingston, TX 77351	City: _____ State: _____ Zip Code: _____	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising	Description  Signs - Posts	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH  Judy B Cochran	Candidate / Officeholder name  Judy B Cochran	Office sought  Mayor	Office held  Mayor
Date  8-26-24	Payee name  Signs + Wonders Unlimited		
Amount (\$)  947.91  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address;  112 E. Mill Street Livingston, TX 77351	City: _____ State: _____ Zip Code: _____	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising	Description  Signs	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH  Judy B Cochran	Candidate / Officeholder name  Judy B Cochran	Office sought  Mayor	Office held  Mayor

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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	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 G: <i>5</i>	2 FILER NAME <i>Judy B. Cochran</i>	3 Filer ID (Ethics Commission Filers)	
4 Date <i>9/3/24</i>	5 Payee name <i>Outhouse Tickets</i>		
6 Amount (\$) <i>648.50</i>	7 Payee address; <i>1719 Angel Parkway Ste 400 Allen, TX 75002</i>	City; State; Zip Code	
<b>8 PURPOSE OF EXPENDITURE</b> <input type="checkbox"/> Reimbursement from political contributions intended		<b>(a) Category</b> (See Categories listed at the top of this schedule) <i>Contribution/Donation</i>	<b>(b) Description</b> <i>Polk County Higher Education and Technology Foundation</i>
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Judy B Cochran</i>	Office sought <i>Mayor</i>	Office held <i>Mayor</i>
Date <i>9/3/24</i>	Payee name <i>Kate + Co. Creative, LLC</i>		
Amount (\$) <i>270.40</i>	Payee address; <i>1030 Soda Loop E. Livingston, TX 77351</i>	City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b> <input type="checkbox"/> Reimbursement from political contributions intended		<b>Category</b> (See Categories listed at the top of this schedule) <i>Advertising</i>	<b>Description</b> <i>Design Signs</i>
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Judy Cochran</i>	Office sought <i>Mayor</i>	Office held <i>Mayor</i>
Date <i>9/6/24</i>	Payee name <i>Polk County Enterprise</i>		
Amount (\$) <i>984.00</i>	Payee address; <i>100 E Calhoun Livingston, TX 77351</i>	City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b> <input type="checkbox"/> Reimbursement from political contributions intended		<b>Category</b> (See Categories listed at the top of this schedule) <i>Advertising</i>	<b>Description</b> <i>Newspaper Ad</i>
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Judy B Cochran</i>	Office sought <i>Mayor</i>	Office held <i>Mayor</i>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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	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 G:  5	2 FILER NAME:  Judy B Cochran	3 Filer ID (Ethics Commission Filers)
4 Date:  9-11-24	5 Payee name:  B + D Event Rentals LLC	
6 Amount (\$):  357.22  <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address:  841 Ragsdale Springs Rd Shepherd, TX 77371-2527	City: _____ State: _____ Zip Code: _____
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense	(b) Description  Balloons for Rally
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH  Candidate / Officeholder name:  Judy B Cochran	Office sought  Mayor	Office held  Mayor
Date  9/11/24	Payee name  Century II Printing	
Amount (\$):  848.71  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address:  1504 N. Washington Ave Livingston, TX 77351	City: _____ State: _____ Zip Code: _____
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising	Description  Gifts
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH  Candidate / Officeholder name:  Judy B Cochran	Office sought  Mayor	Office held  Mayor
Date 14  9/16/24	Payee name  Jordi Le Bouef	
Amount (\$):  90.00  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address:  200 W Church Livingston, TX 77351	City: _____ State: _____ Zip Code: _____
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Event Expense	Description  Security
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH  Candidate / Officeholder name:  Judy B Cochran	Office sought  Mayor	Office held  Mayor

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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	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 G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
5	Judy B Cochran			
4 Date	5 Payee name			
9-14-24	My Place Eatery			
6 Amount (\$)	7 Payee address;	City:	State:	Zip Code
750.00 <input type="checkbox"/> Reimbursement from political contributions intended	119 Southpoint Drive, Ste 100 Livingston, TX 77351			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	Event Expense	Room Rental and Food		
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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	
	Judy B Cochran	Mayor	Mayor	
Date	Payee name			
9-14-24	Marsha's			
Amount (\$)	Payee address;	City:	State:	Zip Code
100.00 <input type="checkbox"/> Reimbursement from political contributions intended	417 N. Washington Livingston, TX 77351			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Event Expense	Food		
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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	
	Judy B. Cochran	Mayor	Mayor	
Date	Payee name			
9/19/24	The Republican Club of Polk County			
Amount (\$)	Payee address;	City:	State:	Zip Code
100.00 <input type="checkbox"/> Reimbursement from political contributions intended	P.O. Box 674 Livingston, TX 77351			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Advertising	Golf Tournament		
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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	
	Judy B Cochran	Mayor	Mayor	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <i>5</i>	2 FILER NAME <i>Judy B Cochran</i>	3 Filer ID (Ethics Commission Filers)	
4 Date <i>9/25/24</i>	5 Payee name <i>Signs + Wonders Unlimited</i>		
6 Amount (\$) <i>2504.80</i> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; <i>112 E Mill Street Livingston, TX 77351</i>	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>Signs - T-shirts</i>	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Judy B Cochran</i>	Office sought <i>Mayor</i>	Office held <i>Mayor</i>
Date <i>9/30/24</i>	Payee name <i>Century II Printing</i>		
Amount (\$) <i>117.72</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; <i>1504 N Washington Livingston, TX 77351</i>	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Political Cards</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Judy B Cochran</i>	Office sought <i>Mayor</i>	Office held <i>Mayor</i>
Date <i>10/3/24</i>	Payee name <i>Century II Printing</i>		
Amount (\$) <i>189.44</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; <i>1504 N Washington Livingston, TX 77351</i>	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Cards</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Judy B Cochran</i>	Office sought <i>Mayor</i>	Office held <i>Mayor</i>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED