

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>CD 10/11</i>		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>Corey</i> FIRST <i>M.</i> MI NICKNAME <i>Dickerson</i> LAST SUFFIX			OFFICE USE ONLY		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: <i>711 N. oakhurst Dr. Livingston, Tx 77351</i> APT / SUITE #: CITY: STATE: ZIP CODE			Date Received <i>10-7-2024 3:06 PM by E. 771000</i>		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE <i>(936)</i>	PHONE NUMBER <i>689-8354</i>	EXTENSION	Date Hand-delivered or Date Postmarked <i>10-7-2024</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>Karyn</i>	FIRST <i>Karyn</i>	MI	Receipt # <i>—</i> Amount \$ <i>—</i>		
	NICKNAME <i>Anderson</i>	LAST <i>Anderson</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; STATE; ZIP CODE <i>316 W. Polk St. Livingston, Tx 77351</i>					
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(936)</i>	PHONE NUMBER <i>200-7442</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"/> 15th day after campaign treasurer appointment (Officeholder Only)		
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election		<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month <i>2</i>	Day <i>23</i>	Year <i>2024</i>	Month <i>10</i>	Day <i>7</i>	Year <i>2024</i>
11 ELECTION	ELECTION DATE Month <i>11</i> Day <i>5</i> Year <i>2024</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special				
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <i>City Council</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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME				
		COMMITTEE ADDRESS				
		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	<i>Corey Dickerson</i>	
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)	\$ <i>100.00</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>2,038.36</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>863.63</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>1,544.54</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>493.76</i>
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>0</i>

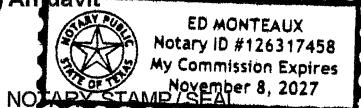
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

SDJ
Signature of Candidate or Officeholder

SDJ

Please complete either option below:

(1) Affidavit



Sworn to and subscribed before me by

Corey Dickerson 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

Ellie Monteaux
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	<i>Corey Dickerson</i>	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,038.30
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,544.54
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 type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
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: 34
2 FILER NAME Corey Dickerson			3 Filer ID (Ethics Commission Filers)
4 Date 6-28-24	5 Full name of contributor Brett Faisie	<input type="checkbox"/> out-of-state PAC (ID#: <u> </u>)	7 Amount of contribution (\$ 36.55)
6 Contributor address; 972 Firetower Rd. Livingston, TX 77351	City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 6-28-24	Full name of contributor Sheryl Allen	<input type="checkbox"/> out-of-state PAC (ID#: <u> </u>)	Amount of contribution (\$ 24.25)
Contributor address; 278 Circle Dr. Onalaska, TX 77360	City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6-28-24	Full name of contributor Lea Davis	<input type="checkbox"/> out-of-state PAC (ID#: <u> </u>)	Amount of contribution (\$ 25.00)
Contributor address; 412 E. Mimosa Dr. Livingston Tx 77351	City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6-29-24	Full name of contributor Karyn Andersen	<input type="checkbox"/> out-of-state PAC (ID#: <u> </u>)	Amount of contribution (\$ 260.00)
Contributor address; 316 W. Polk St. Livingston, TX 77351	City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: 34
2 FILER NAME Corey Dickerson			3 Filer ID (Ethics Commission Filers)
4 Date 6-29-24	5 Full name of contributor Debbie Dickerson	<input type="checkbox"/> out-of-state PAC (ID#:)	7 Amount of contribution (\$) 200.00
	6 Contributor address; 316 W. Milam Livingston, Tx 77351	City; State; Zip Code	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 6-29-24	Full name of contributor Rebecca Summers	<input type="checkbox"/> out-of-state PAC (ID#:)	Amount of contribution (\$) 100.00
	Contributor address; 4207 Stallion Brook Ln. Spring, Tx 77388	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6-29-24	Full name of contributor Featherlight photos	<input type="checkbox"/> out-of-state PAC (ID#:)	Amount of contribution (\$) 25.00
	Contributor address; 819 W. Calhoun St. Livingston Tx 77351	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7-5-24	Full name of contributor Sheri Henry-Wilhelm	<input type="checkbox"/> out-of-state PAC (ID#:)	Amount of contribution (\$) 48.50
	Contributor address; 1605 36th Ave. N. Texas City, Tx 77590	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: 34
2 FILER NAME Corey Dickerson			3 Filer ID (Ethics Commission Filers)
4 Date 6-28-24	5 Full name of contributor Abndra Valarde	<input type="checkbox"/> out-of-state PAC (ID#:	7 Amount of contribution (\$ 50. 00)
6 Contributor address; 9226 Hart Ford Valley Trail Baytown, Tx 77521			City; State; Zip Code
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 7/6-30-24	Full name of contributor Todd Emerton	<input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$ 1,000. 00)
Contributor address; 11103 Canbrook Rd. Houston, Tx 77042			City; State; Zip Code
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9-23-24	Full name of contributor Paul Clark	<input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$ 69. 00)
Contributor address; 5219 Longshadow Dr. Dickinson, Tx 77539			City; State; Zip Code
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10-3-24	Full name of contributor Karyn Anderson	<input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$ 100. 00)
Contributor address; 316 W. Polk st. Livingston, Tx 77351			City; State; Zip Code
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule A1: <i>4</i></p>
<p>2 FILER NAME <i>Corey Dickerson</i></p>		<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 Date <i>7-14-24</i></p>	<p>5 Full name of contributor <i>Melanie Tsibaros</i></p>	<p>6 Contributor address; City; State; Zip Code <i>3911 Spring Arbor Ct. Pearland, Tx 77584</i></p> <p>7 Amount of contribution (\$) <i>100.00</i></p>
<p>8 Principal occupation / Job title (See Instructions)</p>		<p>9 Employer (See Instructions)</p>
<p>Date</p> <p>Full name of contributor</p> <p>Contributor address; City; State; Zip Code</p>		<p>Amount of contribution (\$)</p>
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>
<p>Date</p> <p>Full name of contributor</p> <p>Contributor address; City; State; Zip Code</p>		<p>Amount of contribution (\$)</p>
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>
<p>Date</p> <p>Full name of contributor</p> <p>Contributor address; City; State; Zip Code</p>		<p>Amount of contribution (\$)</p>
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

**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)	
4	Corey Dickerson		
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
106.07	440 Terry Ave. N Seattle, WA 98109		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	Advertising Expense	Sign stakes	
	(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

Date	Payee name		
7-1-24	Super Cheap Signs		
Amount (\$)	Payee address;	City;	State; Zip Code
320.74	9200 Waterford Centre Blvd. Austin, Tx	78758	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Advertising Expense	Yard 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	Candidate / Officeholder name	Office sought	Office held

Date	Payee name		
7-21-24	Print Place		
Amount (\$)	Payee address;	City;	State; Zip Code
90.00	1130 Ave H East	Arlington, Tx	76014
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Advertising Expense	Door hangers	
	<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

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**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: <i>4</i>	2 FILER NAME <i>Corey Dickerson</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>7-23-24</i>	5 Payee name <i>Ampersand Ranch Studio</i>	
6 Amount (\$) <i>100.00</i>	7 Payee address; <i>2464 FM 2665</i>	City; <i>Goodrich, Tx</i> State; <i>77335</i> Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	(b) Description <i>Grace Pregnancy Outreach Benefit</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 Office sought Office held	
Date <i>8-29-24</i>	Payee name <i>Super Cheap Signs</i>	
Amount (\$) <i>360.17</i>	Payee address; <i>9200 Waterford Centre Blvd. Austin, Tx</i>	City; <i>78758</i> State; <i>Zip Code</i>
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Yard 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 Office sought Office held	
Date <i>8-30-24</i>	Payee name <i>Jennifer Andelic</i>	
Amount (\$) <i>125.00</i>	Payee address; <i>811 N. Beatty Ave</i>	City; <i>Livingston, Tx</i> State; <i>77351</i> Zip Code
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <i>Town Hall Food</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 Office sought Office held	

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**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)		
9	Corey Dickerson			
4 Date	5 Payee name			
9-3-24	Tractor Supply			
6 Amount (\$)	7 Payee address;	City; State; Zip Code		
38.88	1820 US-190	Livingston, TX 77351		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	Advertising Expense	Sign stakes		
	(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
Date	Payee name			
9-12-24	Lowe's			
Amount (\$)	Payee address;	City;	State;	Zip Code
79.63	120 US-59 Loop S,	Livingston, TX 77351		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Advertising Expense	Sign poles & hardware		
	<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
Date	Payee name			
9-26-24	Homegrown			
Amount (\$)	Payee address;	City;	State;	Zip Code
199.05	1501 Mill Ridge Dr.	Livingston, TX 77351		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Event Expense	Door Prizes for Purse Bingo		
	<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

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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)		
4 Date	5 Payee name	6 Amount (\$)		
10-3-24	Republican Club of Polk County	100.00		
7 Payee address:	City;	State;	Zip Code	
P.O. Box 674	Livingston	Tx	77351	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	Advertising Expense	Sponsored Golf Hole		
(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	
Date	Payee name			
	Meta Platforms, Inc			
Amount (\$)	Payee address:	City;	State;	Zip Code
25.00	1 Hacker Way	Menlo Park	CA	94025
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Advertising Expense	Facebook post boost		
<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	
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	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				