

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <b>13</b>		OFFICE USE ONLY		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received		
	NICKNAME	LAST	SUFFIX	by E Monteaux		
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Final report	Date Hand-delivered or Date Postmarked		
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit	Other (specify)	10-29-2024		
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Receipt #	Amount \$	
	<input checked="" type="checkbox"/> 8th day before election					
5 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year
	10	8	24	THROUGH	10	28
			Date Processed			10-29-2024
			Date Imaged			10-29-2024 (13 Pages Total)

6 EXPLANATION OF CORRECTION **A "FINAL REPORT" WAS MISTAKENLY FILED AS PART OF THE "8-DAY" REPORT. THIS CORRECTED FILING, INCLUDING AN AMENDED "8-DAY FILING", CAMPAIGN TREASURER APPOINTED, AND CORRECTION AFFIDAVIT IS INTENDED TO CORRECT THIS MISTAKE. THE FINAL REPORT HAS BEEN REMOVED AND THE "FINAL REPORT" BOX ON FORM C/OH PG-1 HAS BEEN UNCHECKED.**

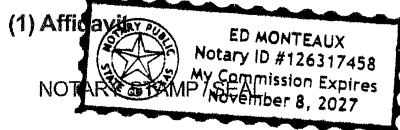
7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

- ☐ Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.
- ☒ Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Joshua Grant  
Signature of Candidate/Officeholder

Please complete either option below:



Sworn to and subscribed before me by Joshua Grant this the 29th day of October,

2024 to certify which, witness my hand and seal of office.

Ed Monteaux Ellie Monteaux City Sec y / Asst City Mgr  
Signature of officer administering oath Printed name of officer administering oath 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)

**Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections**

# 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: 12								
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR Mr.</div> <div>FIRST Joshua</div> <div>MI N</div> </div> <hr style="border: 0; border-top: 1px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST Grant</div> <div>SUFFIX</div> </div>	<div style="border: 1px solid black; padding: 5px;"> <b>OFFICE USE ONLY</b>   Date Received  10-29-2024  4:37 P.M.  by E. Monteaux   <hr/> Date Hand-delivered or Date Postmarked  10-29-2024  <hr/> Receipt #      Amount \$  —                      —  <hr/> Date Processed  10-29-2024  <hr/> Date Imaged  10-29-2024 </div>									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	<div style="display: flex; justify-content: space-between;"> <div>ADDRESS / PO BOX;</div> <div>APT / SUITE #;</div> <div>CITY;</div> <div>STATE;</div> <div>ZIP CODE</div> </div> 412 W. Milam St., Livingston, TX 77351										
5 CANDIDATE / OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE (832 )</div> <div>PHONE NUMBER 492 0891</div> <div>EXTENSION</div> </div>										
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR Mrs.</div> <div>FIRST Karyn</div> <div>MI</div> </div> <hr style="border: 0; border-top: 1px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST Andersen</div> <div>SUFFIX</div> </div>										
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	<div style="display: flex; justify-content: space-between;"> <div>STREET ADDRESS (NO PO BOX PLEASE);</div> <div>APT / SUITE #;</div> <div>CITY;</div> <div>STATE;</div> <div>ZIP CODE</div> </div> 316 W. Polk St., Livingston, TX 77351										
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE (281 )</div> <div>PHONE NUMBER 716 7075</div> <div>EXTENSION</div> </div>										
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>										
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div> Month      Day      Year  10      /      8      /      24 </div> <div>THROUGH</div> <div> Month      Day      Year  10      /      28      /      24 </div> </div>										
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE  Month      Day      Year  11      /      5      /      24 </div> <div> ELECTION TYPE  <input type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input type="checkbox"/> Other Description  <input checked="" type="checkbox"/> General    <input type="checkbox"/> Special </div> </div>										
12 OFFICE	OFFICE HELD (if any) N/A	13 OFFICE SOUGHT (if known) Mayor									
14 NOTICE FROM POLITICAL COMMITTEE(S)  Additional Pages	<div style="border: 1px solid black; padding: 5px;"> <p style="font-size: small; margin: 0;">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.</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; border-bottom: 1px solid black;">COMMITTEE TYPE</td> <td style="border-bottom: 1px solid black;">COMMITTEE NAME</td> </tr> <tr> <td style="border-bottom: 1px solid black;"><input type="checkbox"/> GENERAL</td> <td style="border-bottom: 1px solid black;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="border-bottom: 1px solid black;"><input type="checkbox"/> SPECIFIC</td> <td style="border-bottom: 1px solid black;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> </div>			COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
<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

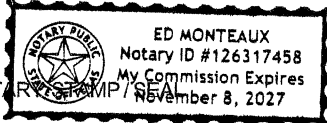
15 C/OH NAME Joshua Grant		16 Filer ID (Ethics Commission Filers)	
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	1,257.94
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	8,380.31
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	6.87
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

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.

*Joshua Grant*  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



Sworn to and subscribed before me by Joshua Grant this the 29th day of October, 2024, to certify which, witness my hand and seal of office.

Ed Monteaux Ellie Monteaux City Secretary/Asst C Mgr  
Signature of officer administering oath Printed name of officer administering oath 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**

<b>19 FILER NAME</b>		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS NAME OF SCHEDULE</b>		<b>SUBTOTAL AMOUNT</b>
1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,257.94
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	\$ 8,380.31
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	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# 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:
2 FILER NAME Joshua Grant		3 Filer ID (Ethics Commission Filers)
4 Date 10/11/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Byron Black 6 Contributor address; City; State; Zip Code 811 N. Houston, Livingston, TX 77351	7 Amount of contribution (\$)  500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/11/2024	Full name of contributor out-of-state PAC (ID#: _____) Charles Lambert Contributor address; City; State; Zip Code 332 1/2 Old Post Rd. S., Livingston, TX 77351	Amount of contribution (\$)  267.94
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/12/2024	Full name of contributor out-of-state PAC (ID#: _____) Danny Villareal Contributor address; City; State; Zip Code 322 Old Post Rd. S., Livingston, TX 77351	Amount of contribution (\$)  500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.		

# 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	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 F1:	2 FILER NAME <b>Joshua Grant</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>10/08/2024</b>	5 Payee name <b>Livingston High School</b>	
6 Amount (\$) <b>55.00</b>	7 Payee address; City; State; Zip Code <b>400 FM 350, Livingston, TX 77351</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Donation</b>	(b) Description <b>Donation for high school yearbook</b>
	(c) Check if travel outside of Texas. Complete Schedule T. 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 <b>10/08/2024</b>	Payee name <b>AMS Catering</b>	
Amount (\$) <b>642.00</b>	Payee address; City; State; Zip Code <b>PO Box 683 Livingston, TX 77351</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Event expense</b>	Description <b>Deposit for catering for voter rally</b>
	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 <b>10/10/2024</b>	Payee name <b>Tim Martin</b>	
Amount (\$) <b>500.00</b>	Payee address; City; State; Zip Code <b>2464 FM 2665, Goodrich, TX 77335</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Event expense</b>	Description <b>Payment for DJ services at Dunbar voter rally</b>
	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		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# 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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Joshua Grant	3 Filer ID (Ethics Commission Filers)
4 Date 10/15/2024	5 Payee name Meta (Facebook)	
6 Amount (\$) 65.00	7 Payee address; City; State; Zip Code 1 Meta Way, Menlo Park, CA 94025	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Advertising expense	(b) Description Facebook/Instagram Ad
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/15/2024	Payee name Meta (Facebook)	
Amount (\$) 65.00	Payee address; City; State; Zip Code 1 Meta Way, Menlo Park, CA 94025	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising expense	Description Facebook/Instagram Ad
	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
Date 10/16/2024	Payee name Macedonia MBC	
Amount (\$) 20.00	Payee address; City; State; Zip Code 1309 Preston St., Livingston, TX 77351	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Donation	Description Donation to Macedonia MBC
	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 SCHEDULE AS NEEDED

# 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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Joshua Grant	3 Filer ID (Ethics Commission Filers)
4 Date 10/17/2024	5 Payee name Amazon	
6 Amount (\$) 152.38	7 Payee address; City; State; Zip Code 410 Terry Ave N, Seattle, Washington, 98109	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Event expense	(b) Description Decoration for downtown voter rally
	(c) Check if travel outside of Texas. Complete Schedule T. 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 10/18/2024	Payee name AMS Catering	
Amount (\$) 1,498.00	Payee address; City; State; Zip Code PO Box 683, Livingston, TX 77351	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description Balance for caterer, downtown voter rally
	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 10/18/2024	Payee name Tractor Supply	
Amount (\$) 59.10	Payee address; City; State; Zip Code 1820 US-190, Livingston, TX 77351	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event expense	Description stakes and zip ties for signs at downtown voter rally
	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
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		



# 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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Joshua Grant	3 Filer ID (Ethics Commission Filers)
4 Date 10/18/2024	5 Payee name Meta (Facebook)	
6 Amount (\$) 72.00	7 Payee address; City; State; Zip Code 1 Meta Way, Menlo Park, CA 94025	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising expense	(b) Description Facebook/Instagram ad
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/21/2024	Payee name Meta (Facebook)	
Amount (\$) 21.28	Payee address; City; State; Zip Code 1 Meta Way, Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense	Description Facebook/Instagram ad
	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
Date 10/21/2024	Payee name SAAFE House	
Amount (\$) 82.90	Payee address; City; State; Zip Code 1112 N. Dogwood Ave., Livingston, TX 77351	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description Donation for Jail N' Bail event
	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 SCHEDULE AS NEEDED		

# 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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Joshua Grant	3 Filer ID (Ethics Commission Filers)
4 Date 10/21/2024	5 Payee name Canva	
6 Amount (\$) 1,020.00	7 Payee address; City; State; Zip Code 3212 E. Cesar Chavez Street, Building 1, Suite 1300, Austin, TX 78702	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing expense	(b) Description Flier printing
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/21/2024	Payee name Sgt. Blackburn	
Amount (\$) 150.00	Payee address; City; State; Zip Code 208 W. Church St., Livingston, TX 77351	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract labor	Description Security for downtown rally
	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
Date 10/21/2024	Payee name Officer Stuart	
Amount (\$) 150.00	Payee address; City; State; Zip Code 208 W. Church St., Livingston, TX 77351	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract labor	Description Security for downtown rally
	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 SCHEDULE AS NEEDED

# 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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Joshua Grant	3 Filer ID (Ethics Commission Filers)
4 Date 10/21/2024	5 Payee name Tim Martin	
6 Amount (\$) 1,000.00	7 Payee address; City; State; Zip Code 2464 FM 2665, Goodrich, TX 77351	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Event expense	(b) Description Live music for downtown rally
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/21/2024	Payee name Katie's Cafe and Bakery	
Amount (\$) 1,086.29	Payee address; City; State; Zip Code 508 N. Washington Ave., Livingston, TX 77351	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event expense	Description Desserts and beverages for downtown rally
	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
Date 10/23/2024	Payee name Textedly	
Amount (\$) 275.58	Payee address; City; State; Zip Code 2536 E Workman Avenue, West Covina, CA 91791	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising expense	Description Fee for text campaign
	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 SCHEDULE AS NEEDED		

# 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	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 F1:	2 FILER NAME Joshua Grant	3 Filer ID (Ethics Commission Filers)
4 Date 10/24/2024	5 Payee name Meta (Facebook)	
6 Amount (\$) 80.00	7 Payee address; City; State; Zip Code 1 Meta Way, Menlo Park, CA 94025	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising expense	(b) Description Facebook/Instagram ad
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/25/2024	Payee name Wix.com	
Amount (\$) 29.34	Payee address; City; State; Zip Code 500 Terry A. Francois Boulevard, 6th Floor, San Francisco, CA, 94158	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense	Description website monthly fee
	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
Date 10/25/2024	Payee name USPS	
Amount (\$) 495.95	Payee address; City; State; Zip Code 1325 W. Church St., Livingston, TX 77351	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense	Description EDDM postage for fliers
	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 SCHEDULE AS NEEDED		

# 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	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 F1:	2 FILER NAME Joshua Grant	3 Filer ID (Ethics Commission Filers)
4 Date 10/25/2024	5 Payee name Joshua Grant	
6 Amount (\$) 512.83	7 Payee address; City; State; Zip Code 412 W. Milam St., Livingston, TX 77351	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Reimbursement	(b) Description Reimbursement for purchase made from personal expense for purchase from Super Cheap signs made on 6/2/24 for political signs. See 30 Day Report Schedule G-1, Pg. 1
	(c) Check if travel outside of Texas. Complete Schedule T. 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 10/25/2024	Payee name Joshua Grant	
Amount (\$) 169.55	Payee address; City; State; Zip Code 412 W. Milam St., Livingston, TX 77351	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Reimbursement	Description Reimbursement for purchase made from personal expense for purchase from Wix.com for logo and business cards on 6/12/24. See 30 Day Report, Schedule G-1, Pg. 1.
	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 10/25/2024	Payee name Joshua Grant	
Amount (\$) 178.11	Payee address; City; State; Zip Code 412 W. Milam St., Livingston, TX 77351	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Reimbursement	Description Reimbursement for purchase made from personal expense for purchase from Printplace for door hangers on 7/18/24. See 30 Day Report, Schedule G-1, Pg. 2.
	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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA  
PG 1

See CTA Instruction Guide for detailed instructions.		1 Total pages filed:	
2 CANDIDATE NAME	MS / MRS / MR FIRST MI	<b>OFFICE USE ONLY</b>	
	NICKNAME LAST SUFFIX		
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	Filer ID #	
	412 W Milam St., Livingston, TX 77351	Date Received 10-29-2024 4:40 PM by E. Monteaux	
4 CANDIDATE PHONE	AREA CODE PHONE NUMBER EXTENSION	Date Hand-delivered or Postmarked 10-29-2024	
	( 832 ) 492 0891	Receipt # Amount \$	
5 OFFICE HELD (if any)	N/A	Date Processed 10-29-2024	
		Date Imaged 10-29-2024 (2 Pages)	
6 OFFICE SOUGHT (if known)	Mayor		
7 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI NICKNAME LAST SUFFIX		
	Mrs. Karyn Andersen		
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS; APT / SUITE #; CITY; STATE; ZIP CODE		
	316 W. Polk St., Livingston, TX 77351		
9 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION		
	( 281 ) 716 7075		
10 CANDIDATE SIGNATURE	I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.		
	I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.		
I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.			
<div>Joshua Grant Signature of Candidate</div> <div>10/29/24 Date Signed</div>			
GO TO PAGE 2			

**CANDIDATE MODIFIED  
REPORTING DECLARATION**

**FORM CTA  
PG 2**

**11 CANDIDATE  
NAME**

Joshua Grant

**12 MODIFIED  
REPORTING  
DECLARATION**

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

**•• This declaration must be filed no later than the 30th day before  
the first election to which the declaration applies. ••**

**•• The modified reporting option is valid for one election cycle only. ••**  
(An election cycle includes a primary election, a general election, and any related runoffs.)

**•• Candidates for the office of state chair of a political party  
may NOT choose modified reporting. ••**

I do not intend to accept more than \$1,080 in political contributions or make more than \$1,080 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.

2024

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](mailto: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/QuickFileARport.php>