		CEHOLDER E REPORT		FORM C/OH COVER SHEET PG 1
The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 3
3 CANDIDATE/ OFFICEHOLDER	MS / MRS / MR	Preston	MI	OFFICE USE ONLY
NAME	NICKNAME	LAST Massey	SUFFIX	Date Received Filed For Record Time
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3972 An. Co Rd 163 Palestine TX 75801			FEB 0 5 2024
Change of Address				By Oliver deputy
5 CANDIDATE/ OFFICEHOLDER PHONE	(903)	7 24-29 05	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST	мі 12	Receipt # Amount \$
NAME	M.C.S	Janece	SUFFIX	Date Processed
	NONWANE	Fletcher	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX PLEASE); APT /	SUITE #; CITY;	STATE; ZIP CODE
(Residence or Business)	6439 E	St Hwy 294	Elkhart	TX 75839
8 CAMPAIGN TREASURER PHONE 9 REPORT TYPE	(903)	PHONE NUMBER	EXTENSION	
9 REPORTITE	January 15	30th day before	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before e	lection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month	Day Year	Month	Day Year
COVERED	SFR 1.	16/2024	THROUGH 2	5 / 2024
11 ELECTION	Month Day	Year Primary	Description	U National August Stephen Stephen Stephen Stephen
	0, 5,	2024	D. S. W. B. C. L. S. L. B. L.	STUTE THE STREET STREET
12 OFFICE	OFFICE HELD (if any)	add on 2	13 OFFICE SOUGHT (If know	DI
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURE	ES MAY HAVE BEEN MADE WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPORT IDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(3)	COMMITTEE TYPE	COMMITTEE NAME		(2) Unswern Bedistation
Additional Pages	GENERAL	COMMITTEE ADDRESS		Ng rorro pd
	SPECIFIC	COMMITTEE CAMPAIGN TR	EASURER NAME	of Bearing Visi
150		COMMITTEE CAMPAIGN TO	REASURER ADDRESS	Evacatorion

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	ston L. Massey	Lessor and observation obtail v	16 Filer	ID (Ethics Comm	ission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED PO	J DLITICAL CONTRIBUTIONS (OTH GUARANTEES OF LOANS, OR	ER THAN	\$	MAX.
D10082 to Hostis	2. TOTAL POLITICAL CO (OTHER THAN PLEDGES	NTRIBUTIONS S, LOANS, OR GUARANTEES OF	LOANS)	\$	distribution in
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POL	LITICAL EXPENDITURE.	CPAS	\$ 83.31	ρ
Victoria de la composición dela composición de la composición dela composición dela composición dela composición dela composición de la composición dela composición del	4. TOTAL POLITICAL EXP	PENDITURES	400	\$ 83.31	0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONT OF REPORTING PERIOD	RIBUTIONS MAINTAINED AS OF	THE LAST DAY	\$	B(AD D)
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOU LAST DAY OF THE REPO	UNT OF ALL OUTSTANDING LOAN DRTING PERIOD	NS AS OF THE	\$	AMARIA .
	Please co	omplete either option	below:		
(1) Affidavit	RRY L. SMITH	40.00	1 32/	(15.5)	31/20
My Nota NOTARY STAMP REPARS Sworn to and subscribed be	ery ID # 132160597 September 5, 2027	Massey t	his the 7	day of Fet	many.
20 2 , to certify who signature of officer administerin		ece. evy Smith of officer administering oath.	ColySe	Chetavy Title of officer adn	ninistering oath
Market Commence		OR			
(2) Unsworn Declaration					
My name is		, and my date of	birth is	oten A Levins	Man .
My address is		and the property of the second	, eerse ,		
	(street)	(city)	(state) (z	zip code) (c	country)
Executed in	County, State of	, on the day of	(month)	_, 20 (year)	
		Signature of	f Candidate/Office	holder (Declaran	<u></u>

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	mmission Filers)				
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE					
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS		\$			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	S				
4.	SCHEDULE E: LOANS	\$				
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	\$ 83.36				
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 FUN	NDS	\$			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	s			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	TIONS RETURNED	\$			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A

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

	If the requested information is not applicable, bo not include this page in the report.							
	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:				
2	FILER NAME	Preston L. Massey	3 Filer ID (Ethics Commission Filers)					
4	Date	5 Full name of contributor ut-of-state PAG	; (ID#:)	7 Amount of contribution (\$)				
		6 Contributor address; City;	State; Zip Code					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)				
	Date	Full name of contributor	: (ID#:)	Amount of contribution (\$)				
		Contributor address; City;	State; Zip Code					
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)				
	Date	Full name of contributor	(ID#:)	Amount of contribution (\$)				
		Contributor address; City;	State; Zip Code					
	Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)				
	Date	Full name of contributor	(ID#:)	Amount of contribution (\$)				
	•	Contributor address; City;	State; Zip Code					
	Principal occupa	ation / Job title (See Instructions)	Employer (See Instructi	ons)				

If contributor is out-of-state PAC. please see Instruction quide 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
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

Printing Expense Travel C Salaries/Wages/Contract Labor Other (et

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. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 5 Payee name 4 Date 2024 6 Amount (\$) City: Zip Code 75844 Grapeland 309 W. Chestnut St. TX \$ 83.36 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 postage for political cards **PURPOSE** Advertising Expense OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date City; State: Zip Code Amount (\$) Payee address; 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 Payee name Date Payee address: Amount (\$) Zip Code City; State: 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 CODICE OF THIS SCHEDILL E AS MEEDED

LOANS			SCHEDULE E
If the reques	sted information is not applicable, DO NO	OT include this page in the re	port.
7	he Instruction Guide explains how to com	plete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF	UNITEMIZED LOANS		\$
5 Date of loan	7 Name of lender	te PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y N			11 Maturity date
12 Principal occu	pation / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of	Collateral	Check if personal fun account (See Instruc	ds were deposited into political tions)
16 GUARANTOR INFORMATION			19 Amount Guaranteed (\$)
☐ not applica	18 Guarantor address; City;	State; Zip Code	
20 Principal Occ	upation (See Instructions)	21 Employer (See Instructions)	<u> </u>
Date of loan	Name of lender	tte PAC (ID#:)	Loan Amount (\$)
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution?			Maturity date
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Description of	Collateral	Check if personal fur account (See Instruc	nds were deposited into political
none	None of superstant	— account (See Instruc	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
•	Guarantor address; City;	State; Zip Code	
not applica	ble		
Principal Occu	pation (See Instructions)	Employer (See Instructions)	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Gu	uide explains how	to complete this form	m. 1 Filer ID	(Ethics Commission Filers)	2 Total pages	filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR MC.	FIRST Presto	n	MI L	OFFICI	E USE ONLY
NAME .	NICKNAME	LAST Massey	KOLTURISTMOQ J	SUFFIX	Date Received	r Record
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	99_5 0	CITY;	STATE; ZIP CODE	Time 3,5	6 2024
Change of Address	3972 An (20 Rd 163	Palestine	TX 75801		Brown Administrator
5 CANDIDATE/ OFFICEHOLDER PHONE	(903)	7 24 - 29 05		EXTENSION		deputy ed or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR Mys.	FIRST Janec	e	MI R	Receipt # Date Processed	Amount \$
NAIVIL .	NICKNAME	LAST Fletch		SUFFIX	Date Imaged	A.O. Ficani
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS ((NO PO BOX PLEASE); A		CITY;	STATE;	ZIP CODE
(Residence or Business)	6439 ES.	t. Hwy 294		Elkhart	TX	75839
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER		EXTENSION		
9 REPORT TYPE	January 15 July 15		perfore election	Runoff Exceeded Modified Reporting Limit	treasurer (Officehole	after campaign appointment der Only) ort (Attach C/OH - FR)
10 PERIOD COVERED	Month 2	Day Year / 4 / 202	.4 THROU	Month JGH 2	Day JF Ye	o24
11 ELECTION	Month Day	Year Pr	rimary Runo	Description		E BURATOTT
A CONTRACTOR	3/5/	2024 6	2460AT 4			
12 OFFICE	OFFICE HELD (if any)	(())	13	OFFICE SOUGHT (If know	ssioner P	ct. L
POLITICAL	THE CANDIDATE / OFFIC	E OF POLITICAL CONTRIBU EHOLDER. THESE EXPEND AND OFFICEHOLDERS ARE	DITURES MAY HAVE BEE	OLITICAL EXPENDITURES	MADE BY POLITICAL CO	DLDER'S KNOWLEDGE OF
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			noshirela	of movention Bo
Additional Pages	GENERAL	COMMITTEE CAMBAIC				- sometión
Carlonian (ess)	SPECIFIC	COMMITTEE CAMPAIG		ffparisi		
		COMMITTEE CAMPAIC	INCASURER ADD	753		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	ston L. Massey	16 Filer ID (Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAT PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 543.43		
	4. TOTAL POLITICAL EXPENDITURES	\$ 543.43		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD	ST DAY \$		
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	F THE \$		
	Please complete either option below	V:		
(1) Affidavit				
NOTARY STAMP/SEA Sworn to and subscribed 20 2 , to certify	before me by Preston L Massey this the which, witness my hand and seal of office. BILL	RAWSON, JR.		
STE	Carry Oil Kapa-co	#126963712 Notary		
Signature of officer administe		m. Expires 077420e2625cer administering oath		
	OR			
(2) Unsworn Declaration	on			
My name is	, and my date of birth is	881-30) 		
My address is				
	(street) (city) (state) (zip code) (country)		
Executed in	County, State of, on the day of(month	n) , 20 (year) .		
	Signature of Candi	date/Officeholder (Declarant)		

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)

Credit Card Payment The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
·	Preston L. Massey					
2 Date 2 16 2024	5 Payee name William George Co. Inc.					
6 Amount (\$)	7 Payee address;	City;	State; Zip Code			
\$436.00	P.O. Box 407	Palestine	TX 7580)			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description (fish)				
OF EXPENDITURE	Food Beverage Expense	_	itical Meet and Greet			
	(c) Check if travel outside of Texas. Complete Schedule T.		. 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			
		.				
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF						
EXPENDITURE						
	Check if travel outside of Texas. Complete Schedule T.		n, TX, officeholder living expense			
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			
	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			
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 NEE	nen			

LOANS

SCHEDULE E

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

The	Instruction Guide explains how to com	nplete this form.	1 Total pages Schedule E:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UN	ITEMIZED LOANS		\$
5 Date of loan	_	ete PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate 11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Colla	ateral	Check if personal fun- account (See Instruct	ds were deposited into political tions)
16 GUARANTOR INFORMATION			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	ate PAC (ID#:)	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
Y N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Coll	ateral	Check if personal fur account (See Instruc	nds were deposited into political stions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
_	Guarantor address; City;	State; Zip Code	•
not applicable Principal Occupati	on (See Instructions)	Employer (See Instructions)	
If le	ATTACH ADDITIONAL C	OPIES OF THIS SCHEDULE AS NE Instruction guide for additional r	
Forms provided by Texa	e Ethics Commission WW	w.ethics.state.tx.us	Revised 11/15/2022

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 the	nis form.	1 Total pages Schedule A1:				
2 FILER NAME Prest	on L. Massey		3 Filer ID (Ethics Commission Filers)				
4 Date	5 Full name of contributor ut-of-state i	PAC (ID#:)	7 Amount of contribution (\$)				
2/17/2024	Steve and Voiza Bisho 6 Contributor address; City;		\$ 200.00				
	3 Caddo Dr. Elkhar						
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)				
Date	Full name of contributor	PAC (ID#:)	Amount of contribution (\$)				
	Contributor address; City;	State; Zip Code					
	Commission dedicate,						
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	lions)				
Date	Full name of contributor	PAC (ID#:)	Amount of contribution (\$)				
	Contributor address; City;	State; Zip Code					
Principal occup	nation / Job title (See Instructions)	Employer (See Instruc	tions)				
Date	Full name of contributor	AC (ID#:)	Amount of contribution (\$)				
	Contributor address; City;	State; Zip Code					
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)				
	•						
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

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

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Co	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 200.00
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	\$ 434.00
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	\$ 107.43
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	\$

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

	EXPE	NDITURE CATEGOR	IES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	Fees Food/Beverag By Gift/Awards/N cal Committee Legal Service	Event Expense Fees Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)				
1 Total pages Schedule G:	2 FILER NAME Deschool	L. Massey	3 Filer ID (Ethics	Commission Filers)				
4 Date	5 Payee name							
2/16/2024	Sam's Club							
6 Amount (\$) \$44.23	7 Payee address;		City;	State;	Zip Code			
Reimbursement from political contributions intended	2025 S SW Loo	p 323	Tyler		75701			
8 PURPOSE OF	(a) Category (See Categories	listed at the top of this schedule	NI Fish Fry-		tlery/ketchup)			
EXPENDITURE	tood/Beverage (c) Check if travel outsi	EXPENSE ide of Texas, Complete Schedule T.	Holitical Mee					
9	Candidate / Officeho		Office sought	, TX, officeholder living ex	Office held			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officers	Juder Harrie	Office sought		Office field			
Date	Payee name							
2/16/2024	Target							
Amount (\$) \$21.60	Payee address;		City;	State;	Zip Code			
Reimbursement from political contributions intended	7003 S Broo	rdway Ave	Tyler	TX	<i>1</i> 5703-4131			
PURPOSE OF EXPENDITURE	Food/Beverage	listed at the top of this schedule Lypense	(Plates) Fish Fry-T	ofitical to	neet and Gre			
	Candidate / Officeho			Office held				
Complete <u>ONLY</u> if direct expenditure to benefit C/C								
Date	Payee name							
2/17/2024	Family Dolla	٠٢						
Amount'(\$) Payee address;			City;	State;	Zip Code			
Reimbursement from political contributions all 2 N US Hwy 287		Elkhart	Τχ	75839				
PURPOSE OF EXPENDITURE	Category (See Categories I	isted at the top of this schedule)	Description					
	Check if travel outside	de 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 / Officeho	lder name	Office sought	(Office held			
	ATTACH ADDITIO	NAL COPIES OF THIS	S SCHEDULE AS NEEDE					

EXPENDITURES MADE BY CREDIT CARD

2 FILER NAME

6 Payee name

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a) Event Expense

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

1 Total pages Schedule F4:

5 Date

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense Legal Services

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Transportation Equipment & Related Expense

Solicitation/Fundraising Expense

3

\$

The Instruction Guide explains how to complete this form.

Travel Out Of District Other (enter a category not listed above)		
Filer ID (Ethics Commission Filers)		
State; Zip	Code	
TV effected living guess		
, TX, officeholder living expense		
Office held		
State; Zip	Code	

7 Amount (\$)	8 Payee address;	City;	State;	Zip Code	
9 TYPE OF					
EXPENDITURE	Political Non-Political				
10	(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,	officebolder living		
11					
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office he	eid	
Date	Payee name				
Amount (\$)	Payee address;	City;	State;	Zip Code	
TYPE OF EXPENDITURE	Political Non-Political				
	Category (See Categories listed at the top of this schedule	Description			
PURPOSE OF Expenditure					
	Check if travel outside of Texas. Complete Schedule	Check if Austin, TX	, officeholder living	g expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office h	eld	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				
Forms provided by Texas Ethics	Commission www.ethics.state.tx.	us		Revised 11/15/2022	