#### JUDICIAL CANDIDATE / OFFICEHOLDER FORM JC/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The JC/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE / OFFICE USE ONLY Norace Newton **OFFICEHOLDER** NAME Date Received 4 CANDIDATE / 1955 CR 2980 Windom TX 75492 **OFFICEHOLDER MAILING ADDRESS** Change of Address AREA CODE PHONE NUMBER 5 CANDIDATE/ Date Hand-delivered or Date Postmarked (903) 640-3939 MS (MR) (MR) FIRST James Randall MI **OFFICEHOLDER PHONE** 6 CAMPAIGN **TREASURER** Tina Pearl Date Processed NAME moore STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY STATE; ZIP CODE 7 CAMPAIGN **TREASURER ADDRESS** (Residence or Business) CAMPAIGN TREASURER (903) 227-2333 PHONE 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) **Exceeded Modified** Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD **COVERED** 1 /16/23 THROUGH ELECTION TYPE FLECTION DATE 11 ELECTION Primary Day Month Description General Special OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM JC/OH COVER SHEET PG 2

15 JC/OH NAME	√. N.	(Newt) Cunn	ingham III	16 Filer I	D (Ethics Com	nmission Filers)
17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL OF PLEDGES, LOANS, OR GUARANT CONTRIBUTIONS MADE ELECTRO	CONTRIBUTIONS (OTHER THAN TEES OF LOANS, OR	1	\$	0.00
	2.	TOTAL POLITICAL CONTRIBUT (OTHER THAN PLEDGES, LOANS,			\$	0.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL E	XPENDITURE.		\$	0.00
	4. TOTAL POLITICAL EXPENDITURES			\$ 2	67.00	
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD	IS MAINTAINED AS OF THE LAS	ST DAY	\$ /62	4.19
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALLAST DAY OF THE REPORTING P		FTHE	\$ 0	1.00
Į.		firm, under penalty of perjury, that t		and corre	ect and include	es all information
rec	quired to be	reported by me under Title 15, Electi	on Code.			
			Signature of Ca	andidate/O	fficeholder	
		Please complet	te either option belov	v:		
(1) Affidavit						
NOTARY STAMP/SEA	AL					
Sworn to and subscribed	d before me	e by	this the		day of	
20, to certify	y which, witr	ness my hand and seal of office.	-			
Signature of officer administ	ering oath	Printed name of officer	administering oath		Title of officer a	administering oath
		Oi	R			
(2) Unsworn Declarat	tion					
My name is	Nec	ut) Cunningham	, and my date of birth is	5	18/19	50
My address is	5 4	2 2980	Windom ?		5492	us
I		(street)	( ) ,		zip code)	(country)
Executed in Fannin County, State of Texas, on the 14 day of July, 2023. (year)						
			Signation of Condi	date/Office	holder (Decla	rant)
			Signature of Candi	uate/Gillo	moluer (Decia	ianily

## **SUBTOTALS - JC/OH**

## FORM JC/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Com	nmission Filers)
21	SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 267.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 267.00
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	\$

## 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
Candid Contributions/Donations Made By

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Pollting Expense Printing Expense Selection Mesons/Contract Labor. Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/W  The Instruction Guide explains how to committee	Ages/Contract Labor Other (enter a category not listed above)  omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME H.N. (Newst) Cun	3 Filer ID (Ethics Commission Filers)		
4 Date //19/23	H.N. (Newt) Cuns 5 Payee name Leonard Gray	ohic.		
6 Amount (\$)	7 Payee address;	City; State; Zip Code		
\$267.	P.O. Box 1347	Leonard TX 75452		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising	(b) Description  Weekly Ad		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
Amount (\$)	Payee address;	City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
Amount (\$)	Payee address;	City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete <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		

### **EXPENDITURES MADE BY CREDIT CARD**

### SCHEDULE F4

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

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Contributions/Donations Made B Candidate/Officeholder/Politica	,	Vages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F4:	2 FILER NAME H.N. (Newt) Cunni		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED TO A CF		\$ 267.00
5 Date ///9/23	6 Payee name  Citi Cards		
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
\$267.	on line www.C.	iticurds.	com
9 TYPE OF EXPENDITURE	Political Non-Po		
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Industrising	A	d
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Au	stin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name C	office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
TYPE OF EXPENDITURE	Political Non-P	olitical	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
LAPENDITORE	Check if travel outside of Texas. Complete Schedule T.	Check if Au	ıstin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name C	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NE	EDED