CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT
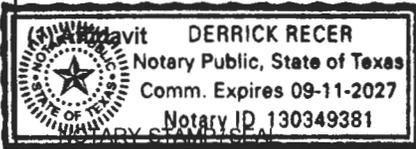
**FORM C/OH
COVER SHEET PG 1**

		1 Filer ID (Ethics Commission Filers)	**2** Total pages filed:
The C/OH Instruction Guide explains how to complete this form.			

			OFFICE USE ONLY
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR. FIRST Jimmy MI R		Date Received 01-16-2024 by Angela Frazier 12:29 p.m
	NICKNAME JR LAST Stricklin SUFFIX —		

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: MR.
FIRST: Jimmy
MI: R
NICKNAME: JR
LAST: Stricklin
SUFFIX: —

OFFICE USE ONLY

Date Received
01-16-2024
by Angela Frazier
12:29 p.m

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
1091 CR 4870 — Leonard, TX 75452

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE: (214)
PHONE NUMBER: 717-1317
EXTENSION: —

Date Hand-delivered or Date Postmarked
01-16-2024
Receipt # | Amount $

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: MRS.
FIRST: Suzanne
MI: L
NICKNAME: Suzy
LAST: Stricklin
SUFFIX: —

Date Processed
01-16-2024
Date Imaged
01-16-2024

7 CAMPAIGN TREASURER ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
1091 CR 4870 — Leonard, TX 75452

8 CAMPAIGN TREASURER PHONE

AREA CODE: (214)
PHONE NUMBER: 514-7364
EXTENSION: —

9 REPORT TYPE

☑ January 15
☐ 30th day before election
☐ Runoff
☐ 15th day after campaign treasurer appointment (Officeholder Only)
☐ July 15
☐ 8th day before election
☐ Exceeded Modified Reporting Limit
☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month 01 / Day 16 / Year 2024 THROUGH Month 02 / Day 13 / Year 2024

11 ELECTION

ELECTION DATE
Month 03 / Day 05 / Year 2024

ELECTION TYPE
☑ Primary
☐ Runoff
☐ Other Description
☐ General
☐ Special

12 OFFICE

OFFICE HELD (if any): N/A

13 OFFICE SOUGHT (if known): Constable Pct 2

14 NOTICE FROM POLITICAL COMMITTEE(S)

☐ Additional Pages

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.

COMMITTEE TYPE
☐ GENERAL
☐ SPECIFIC

COMMITTEE NAME: N/A
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		16 Filer ID (Ethics Commission Filers)
Jimmy "JR" Stricklin		

17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	$ 345.00
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 345.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$ 350.00
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 350.00
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 0
OUTSTANDING LOAN TOTALS	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:

DERRICK RECER
Notary Public, State of Texas
Comm. Expires 09-11-2027
Notary ID 130349381

Sworn to, and subscribed before me by ___Jimmy Stricklin___ this the __16__ day of __Jan__,
20 __24__, to certify which, witness my hand and seal of office.

_____	___Derrick Recer___	___Notary___
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

19 FILER NAME	20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 250.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ 95.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	$ 0
4.	SCHEDULE E: LOANS	$ 0
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 350.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$ 0
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$ 0
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$ 0
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$ 500
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$ 0
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$ 0

POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule A:

2 FILER NAME

Jimmy "JR" Stricklin

3 ACCOUNT # (Ethics Commission filers)

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#: _____)	**7** Amount of contribution ($)	**8** In-kind contribution description (if applicable)
01/03/2024	Walter Goodwater **6** Contributor address; City; State; Zip Code 700 CR 1400 Bonham, TX 75418	250.00	
			(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions) | **10** Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#: _____)	Amount of contribution ($)	In-kind contribution description (if applicable)
01/07/2024	Shane Hibdon Contributor address; City; State; Zip Code 300 Brazs Bonham, TX 75418	95.00	Ad purchased
			(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#: _____)	Amount of contribution ($)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		
			(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#: _____)	Amount of contribution ($)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		
			(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#: _____)	Amount of contribution ($)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		
			(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Revised 06/27/2008

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule A2:

2 FILER NAME

Jimmy "JR" Stricklin

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

$ 95⁰⁰

5 Date	**6** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**8** Amount of Contribution $	**9** In-kind contribution description
01/07/2024	Shane Hibdon	95⁰⁰	Ad purchased
	7 Contributor address; City; State; Zip Code		
	300 Brazs Bonham, TX 75418	☐ Check if travel outside of Texas. Complete Schedule T.	

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	**11** Employer (FOR NON-JUDICIAL) (See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	**13** Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	**15** Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution $	In-kind contribution description
	Contributor address; City; State; Zip Code	☐ Check if travel outside of Texas. Complete Schedule T.	

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL) (See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.	**1** Total pages this Schedule B:
2 FILER NAME Jimmy "JR" Stricklin	**3** ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨	$

5 Date	**6** Full name of pledgor ☐ out-of-state PAC (ID#:_____)	**8** Amount of pledge ($)	**9** In-kind description (if applicable)
	N/A **7** Pledgor address; City; State; Zip Code		
			(If travel outside of Texas, complete Schedule T)

10 Principal occupation / Job title (See Instructions)	**11** Employer (See Instructions)

Date	Full name of pledgor ☐ out-of-state PAC (ID#:_____)	Amount of pledge ($)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		
			(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of pledgor ☐ out-of-state PAC (ID#:_____)	Amount of pledge ($)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		
			(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of pledgor ☐ out-of-state PAC (ID#:_____)	Amount of pledge ($)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		
			(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of pledgor ☐ out-of-state PAC (ID#:_____)	Amount of pledge ($)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		
			(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Revised 06/27/2008

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule E:

2 FILER NAME

Jimmy "JR" Stricklin

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date of loan	**7** Name of lender ☐ out-of-state PAC (ID#:_____)	**9** Loan Amount ($)
	N/A	
6 Is lender a financial Institution?	**8** Lender address; City; State; Zip Code	**10** Interest rate
Y N		**11** Maturity date

12 Principal occupation / Job title (See Instructions)	**13** Employer (See Instructions)

14 Description of Collateral
☐ none

15 GUARANTOR INFORMATION	**16** Name of guarantor	**18** Amount Guaranteed ($)
☐ not applicable	**17** Guarantor address; City; State; Zip Code	

19 Principal Occupation	**20** Employer

Date of loan	Name of lender ☐ out-of-state PAC (ID#:_____)	Loan Amount ($)
Is lender a financial Institution?	Lender address; City; State; Zip Code	Interest rate
Y N		Maturity date

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Description of Collateral
☐ none

GUARANTOR INFORMATION	Name of guarantor	Amount Guaranteed ($)
☐ not applicable	Guarantor address; City; State; Zip Code	

Principal Occupation	Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

Revised 06/27/2008

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule F:

2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)
Jimmy "JR" Stricklin	

4 Date	5 Payee name	7 Amount ($)
01/08/2024	Sign Works	216.00
	6 Payee address; City; State; Zip Code	
	505 E Mulberry Leonard, TX 75452	

8 Purpose of payment (See instructions regarding type of information required.)	9 ·· Complete if direct expenditure to benefit C/OH ··
Political Signs	Candidate / Officeholder name Office sought Office held
(If travel outside of Texas, complete Schedule T)	

Date	Payee name	Amount ($)
01/10/2024	Leader	134.00
	Payee address; City; State; Zip Code	
	224 N. Main Bonham, TX 75418	

Purpose of payment (See instructions regarding type of information required.)	·· Complete if direct expenditure to benefit C/OH ··
Political Ad	Candidate / Officeholder name Office sought Office held
(If travel outside of Texas, complete Schedule T)	

Date	Payee name	Amount ($)
	Payee address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.)	·· Complete if direct expenditure to benefit C/OH ··
	Candidate / Officeholder name Office sought Office held
(If travel outside of Texas, complete Schedule T)	

Date	Payee name	Amount ($)
	Payee address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.)	·· Complete if direct expenditure to benefit C/OH ··
	Candidate / Officeholder name Office sought Office held
(If travel outside of Texas, complete Schedule T)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Revised 06/27/2008

POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS

SCHEDULE G

1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
1	Jimmy "JR" Stricklin	

4 Date	5 Payee name
01/10/2024	Leader

6 Amount ($)	7 Payee address; City; State; Zip Code
5.00 ☐ Reimbursement from political contributions intended	224 N. Main Bonham, TX 75418

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Political Ad	(b) Description ☐ 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 Jimmy "JR" Stricklin	Office sought Constable Pct 2	Office held N/A

Date	Payee name

Amount ($)	Payee address; City; State; Zip Code
☐ Reimbursement from political contributions intended	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description ☐ 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	Payee name

Amount ($)	Payee address; City; State; Zip Code
☐ Reimbursement from political contributions intended	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description ☐ 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

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule T: /
2 FILER NAME _Jimmy "JR" Stricklin_	**3** Filer ID (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

_N/A_

5 Contribution / Expenditure reported on:

☐ Schedule A2	☐ Schedule B	☐ Schedule B(J)	☐ Schedule C2	☐ Schedule D	☐ Schedule F1
☐ Schedule F2	☐ Schedule F4	☐ Schedule G	☐ Schedule H	☐ Schedule COH-UC	☐ Schedule B-SS

6 Dates of travel	**7** Name of person(s) traveling
	8 Departure city or name of departure location
	9 Destination city or name of destination location

10 Means of transportation	**11** Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

☐ Schedule A2	☐ Schedule B	☐ Schedule B(J)	☐ Schedule C2	☐ Schedule D	☐ Schedule F1
☐ Schedule F2	☐ Schedule F4	☐ Schedule G	☐ Schedule H	☐ Schedule COH-UC	☐ Schedule B-SS

Dates of travel	Name of person(s) traveling
	Departure city or name of departure location
	Destination city or name of destination location

Means of transportation	Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

☐ Schedule A2	☐ Schedule B	☐ Schedule B(J)	☐ Schedule C2	☐ Schedule D	☐ Schedule F1
☐ Schedule F2	☐ Schedule F4	☐ Schedule G	☐ Schedule H	☐ Schedule COH-UC	☐ Schedule B-SS

Dates of travel	Name of person(s) traveling
	Departure city or name of departure location
	Destination city or name of destination location

Means of transportation	Purpose of travel (including name of conference, seminar, or other event)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED