CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

					The second secon	
The C/OH Instruction	Guide explains ho	w to complete this form.	1 Filer ID	(Ethics Commission Fil	ers) 2 Total page	es filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS MR	FIRST		MI	OFF	CE USE ONLY
NAME	NICKNAME	Last	~	SUFFIX		r Record
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BO			STATE; ZIP CODE	FEB 0	8 2024 Brown
Change of Address	199 AN 1	6 Rd 2142	Palestine.	Tx 758	OI Elections	dministrator
5 CANDIDATE/ OFFICEHOLDER PHONE	(903)	THORE HONDER	09	EXTENSION		ered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / ARS) MR	FIRST		MI	Receipt #	Amount \$
	NICKNAME	LAST	•	SUFFIX		
		Burris		33,113	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX PLEASE); APT /	SUITE #;	CITY;	STATE	: ZIP CODE
(Residence or Business)	324 E.	Palestine	Ave	Palestine	Tx	75801
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER		XTENSION	1,7	10101
				,		
PHONE	(903)	724	,	4936		
9 REPORT TYPE	(903) January 15	30th day before	election	4936 Runoff	treasure (Officeh	y after campaign er appointment older Only)
9 REPORT TYPE	(903) January 15 July 15		election	-	treasure (Officeh	er appointment
9 REPORT TYPE		30th day before a Sth day before a Day Year	election	Runoff Exceeded Modifier Reporting Limit Mon	treasun (Officeh	er appointment older Only) eport (Attach C/OH - FR) rear
9 REPORT TYPE 10 PERIOD COVERED	July 15 Month	30th day before a sth day before a Day Year	election	Runoff Exceeded Modifier Reporting Limit Mon	treasun (Officeh	er appointment older Only) eport (Attach C/OH - FR) rear
9 REPORT TYPE 10 PERIOD	July 15	30th day before a sth day before a Day Year	election	Runoff Exceeded Modifier Reporting Limit Mon GH ELECTION TO Other	treasure (Office) Final Re Th Day	er appointment older Only) eport (Attach C/OH - FR)
9 REPORT TYPE 10 PERIOD COVERED	July 15 Month O ELECTION D. Month Day	30th day before 6 8th day before 6 Day Year Ol 2034 ATE Year X Primary	election THROUG	Runoff Exceeded Modifier Reporting Limit Mon GH ELECTION TO Other Description	treasure (Office) Final Re Th Day	er appointment older Only) eport (Attach C/OH - FR) rear
9 REPORT TYPE 10 PERIOD COVERED	July 15 Month O ELECTION D. Month Day	30th day before a sth d	election THROUGH Runoff Special	Runoff Exceeded Modifier Reporting Limit Mon GH ELECTION TO Other Description	treasure (Office) I Final Reference (Office) The Day (PE of County)	r appointment older Only) eport (Attach C/OH - FR) rear
9 REPORT TYPE 10 PERIOD COVERED 11 ELECTION 12 OFFICE 4 NOTICE FROM POLITICAL	July 15 Month O J ELECTION D. Month Day O S OFFICE HELD (if any THIS BOX IS FOR NOTITHE CANDIDATE / OFFI	30th day before a sth day before a standard stan	THROUGH Special 13 O	Runoff Exceeded Modifier Reporting Limit Mon SH ELECTION TO Other Description FFICE SOUGHT (if kn) ONSTABL ITICAL EXPENDITURE	treasure (Office) Final Re Th Day PE TO TO TO TO TO TO TO TO TO T	er appointment older Only) eport (Attach C/OH - FR) /ear RO24 COMMITTEES TO SUPPORT
9 REPORT TYPE 10 PERIOD COVERED 11 ELECTION 12 OFFICE 4 NOTICE FROM	July 15 Month O J ELECTION D. Month Day O S OFFICE HELD (if any THIS BOX IS FOR NOTITHE CANDIDATE / OFFI	30th day before 6 8th day before 6 Day Year Ol 2034 ATE Year Year Genera	THROUGH Special 13 O	Runoff Exceeded Modifier Reporting Limit Mon SH ELECTION TO Other Description FFICE SOUGHT (if kn) ONSTABL ITICAL EXPENDITURE	treasure (Office) Final Re Th Day PE TO TO TO TO TO TO TO TO TO T	er appointment older Only) eport (Attach C/OH - FR) /ear RO24 COMMITTEES TO SUPPORT
9 REPORT TYPE 10 PERIOD COVERED 11 ELECTION 12 OFFICE 4 NOTICE FROM POLITICAL	July 15 Month O / ELECTION D. Month Day O 3 O 5 OFFICE HELD (if any THIS BOX IS FOR NOTITHE CANDIDATE / OFFICE ONSENT. CANDIDATE	30th day before a sth day before a sth day before a sth day before a strength of the state of th	THROUGH Special 13 O	Runoff Exceeded Modifier Reporting Limit Mon SH ELECTION TO Other Description FFICE SOUGHT (if kn) ONSTABL ITICAL EXPENDITURE	treasure (Office) Final Re Th Day PE TO TO TO TO TO TO TO TO TO T	er appointment older Only) eport (Attach C/OH - FR) /ear RO24 COMMITTEES TO SUPPORT
9 REPORT TYPE 10 PERIOD COVERED 11 ELECTION 12 OFFICE 4 NOTICE FROM POLITICAL COMMITTEE(S)	July 15 Month O J ELECTION D. Month Day O 3 O 5 OFFICE HELD (if any THIS BOX IS FOR NOTI THE CANDIDATE: COMMITTEE TYPE	30th day before 6 8th day before 6 Day Year Ol 2034 ATE Year X Primary Genera Genera Genera CE OF POLITICAL CONTRIBUTIONS CEHOLDER. THESE EXPENDITURE S AND OFFICEHOLDERS ARE REQU COMMITTEE NAME	THROUGH Runoff Special	Runoff Exceeded Modifier Reporting Limit Mon SH ELECTION TO Other Description FFICE SOUGHT (if kn) ONSTABL ITICAL EXPENDITURE	treasure (Office) Final Re Th Day PE TO TO TO TO TO TO TO TO TO T	er appointment older Only) eport (Attach C/OH - FR) /ear RO24 COMMITTEES TO SUPPORT

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME		16 Filer ID (Ethics Commission File	ers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	s . 3 114	and the same
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 323	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	phi) \$ 1 , shi - 96	
	4. TOTAL POLITICAL EXPENDITURES	\$ 114 19	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$	
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	S S	
	vear, or affirm, under penalty of perjury, that the accompanying report is trudired to be reported by me under Title 15, Election Code.	ue and correct and includes all info	rmati
requ	uired to be reported by me under Title 15, Election Code.		
	G read that have		
	igne. Birg, come, ret ve a - dere "Mim	O - 6 SU IN SIMO U	
		91	
(1) Affidavit			
NOTARY STAMP/SEAL			
Sworn to and subscribed	before me by this the	day of	
	which, witness my hand and seal of office.	He gave His only So	
Signature of officer administer	ing oath Printed name of officer administering oath	Title of officer administering	ng oa
	FERRITA A PART OR A PART OF THE PART OF TH		
(2) Unsworn Declaration		SEL SIGNISH VIVE	
My name is	Latham, and my date of birth is	s September 5, 1950	1
My address is 199		Tx 7580 USA (state) (zip code) (country)	1
Executed in Ander	SON County, State of, on the day of ten	yeary . 20 24 . (year)	
	Signature of Cand	didate/Officeholder (Declarant)	-
	Oignature of Cand	and official (Decidiant)	

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	\$
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 CONTRIBUTION	ons \$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBU	\$ snoitu
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 114 19
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	S OF C/OH \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	ons \$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RET	FURNED \$

SCHEDULE E LOANS If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME \$ 4 TOTAL OF UNITEMIZED LOANS 9 Loan Amount (\$) Date of loan out-of-state PAC (ID#: Is lender State: 8 Lender address; a financial Institution? 11 Maturity date 199 AN CO Rd 2142 Palestine Tx 75801 / Job title (See Instructions) 13 Employer (See Instructions) Anderson County Sherif Check if personal funds were deposited into political none 16 GUARANTOR 17 Name of quarantor 19 Amount Guaranteed (\$) INFORMATION 18 Guarantor address; City; State; Zip Code not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Loan Amount (\$) Date of loan Name of lender out-of-state PAC (ID# Interest rate State: Zip Code Is lender Lender address; City: a financial Institution? Maturity date Employer (See Instructions) Principal occupation / Job title (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) none GUARANTOR Name of guarantor Amount Guaranteed (\$) INFORMATION State; Zip Code Guarantor address; City: not applicable Employer (See Instructions) Principal Occupation (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

Charles on the Control			-						
	~				ruction Guide exp				
*			C	omplete only	if "Report Type"	on page 1	is marked "F	inal Report" ••	
1	C/OH I	NAME						2 Filer ID (Ethics Commission Filer	s)
	1	7 1112	7	1011				,	,
_	J.	oe	D	Latha	lm				
3	SIGNA	ATURE							
	Lalama			-1001	P				
								my candidacy. I understand that	
								o understand that I may not accept a appointment on file.	ny
	campa	ign commodito	113 01 11	lake arry campe	aigh expenditures v	without a camp	aight treasurer	appointment of the.	
							(Ino	- Lathern	
							Signa	ture of Candidate / Officeholder	
							Volgilla	nare or carrarate? Officeriolaer	
_									
4				only if you a	LDER re not an officeho	older. ••			
	A.	CAMPAIGN	FUND	s					
	01								
		k only one:							
	X	i do not nave	e unex	bended contribu	utions or unexpend	led interest or i	income earned	from political contributions.	
		I have unexp	pended	contributions of	or unexpended inte	rest or income	earned from p	olitical contributions. I understand th	nat I
								come earned on political contributio	
		personal us	e. I als	so understand	that I must file an	annual report	of unexpended	d contributions and that I may not r	etain
								ontributions longer than six years afte	er
								itical contributions and unexpended	100
		interest or in	icome e	arned on politi	ical contributions in	accordance w	ith the requiren	nents of Election Code, § 254.204.	
	В.	ASSETS							
	Chec	k only one:							
	X	I do not reta	in asse	ts purchased w	vith political contrib	utions or intere	est or other inco	ome from political contributions.	
		t do satain a							
		that I may no	ssets p	archased with p	political contribution	ns or interest o	r other income	from political contributions. I unders	tand
		personal use	Lals	o understand th	nat I must disnose	of assets purch	or interest or of	ther income from political contribution ical contributions in accordance with	is to
				ction Code, § 25		or assets purch	iased with polit	ical contributions in accordance with	uie
				0000, 3 2	01.201.				į
							-		
								Signature of Candidate	
				,					
5		EHOLDER							
	Com	plete this se	ction	only if you are	e an officeholder				
		I am aware th	at I rem	ain subject to fil	ling requirements ar	policable to an	officeholder who	does not have a campaign treasurer	on
	-							if, after filing the last required report	
		an officeholde	er, I reta	ain political conf	tributions, interest o	or other income	from political c	ontributions, or assets purchased wit	h
					other income from				No.
								011	Table 100
								Signature of Officeholder	- 1

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

dvertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking Consulting Expense Contributions/Donations Made B			Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Candidate/Officeholder/Politica redit Card Payment		ide explains how to complete this form.	Other (enter a category not isseed above)
Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	5 Payee name	ram	
1/13/2024	Walmart	$T = -1 - \mu_0 \qquad (12)$	
	7 Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended	2223 5. LOOP	323 Paleshi	re Tx 75801
BURDOSE	(a) Category (See Categories listed at the	e top of this schedule) (b) Description	
OF EXPENDITURE	Advertising E	xpense Cable tie	s for signs
			n, TX, officeholder living expense
omplete ONLY if direct penditure to benefit C/OH	Candidate / Officeholder na	me Office sought	Office held
Date	Payee name		-
. 1			
111712024	Anderson Que	nty Elections Hall	ministrator
1 17 12024 Amount (\$)00	Ander Son Coll Payee address;	nty Elections Add	ministrator State; Zip Code
	Payee address; W3 N. Malle	City;	ninistrator State: Zip Code Jeshine Ty 75801
Amount (\$) Reimbursement from political contributions	Payee address;	ard, Swite 116 Pa	State; Zip Code
Reimbursement from political contributions intended	Payee address; No. Mallo Category (See Categories listed at the Printing Exp	ard, Swite 116 Pare top of this schedule) Description	leshine Ty 75801 labels for voter Post
Reimbursement from political contributions intended PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee address; 103 N. Malla Category (See Categories listed at the Prinking Exp	City; Cord, Swife 116 Para Description CD For Check if Aus	leshine Ty 75801
Reimbursement from political contributions intended PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C	Payee address; No. Mallo Category (See Categories listed at the Prinking Exp Check if travel outside of Texas Candidate / Officeholder na	City; Grd, Swife 116 Pa. The top of this schedule) Description CD For S. Complete Schedule T. Check if Australia	leshine Ty 75801 Labels For Voter Post
Reimbursement from political contributions intended PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C	Payee address; 103 N. Malla Category (See Categories listed at the Prinking Eyp Check if travel outside of Texas Candidate / Officeholder na OH Payee name	City; Ard, Swite 116 Pare top of this schedule) Description CD For schedule T. Check if Austrine Office sought	leshine Ty 75801 Labels for voter Post in, TX, officeholder living expense Office held
Reimbursement from political contributions intended PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C	Payee address; 103 N. Malla Category (See Categories listed at the Prinking Eyp Check if travel outside of Texas Candidate / Officeholder na OH Payee name	City; Grd, Swife 116 Pa. The top of this schedule) Description CD For S. Complete Schedule T. Check if Australia	leshine Ty 75801 Labels for voter Post in, TX, officeholder living expense Office held
Reimbursement from political contributions intended PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C	Payee address; No. Malla Category (See Categories listed at the Prinking Exp Check if travel outside of Texas Candidate / Officeholder na OH Payee name Drug CHEK	City; Ard, Swite 116 Pare top of this schedule) Pense CD For Schedule T. Check if Austrance Complete Schedule T. Office sought FIM Palestine F	leshine Ty 75801 labels for voter Post in, TX, officeholder living expense Office held Prinking Co. Late; Zip Code
Reimbursement from political contributions intended PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C Date ON ON ONE ONE	Payee address; No. Malla Category (See Categories listed at the Prinking Exp Check if travel outside of Texas Candidate / Officeholder na OH Payee name Drug CHEK	City; Grd, Swite 116 Pare top of this schedule) Description CD Form S. Complete Schedule T. Check if Austrine Office sought FTM Palestine Foity; St. Palestine	leshine Ty 75801 labels for voter Post of the state of t
Reimbursement from political contributions intended PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date ON ON ONE ONE	Payee address; 703 N. Malla Category (See Categories listed at the Printing Eyp Check if travel outside of Texas Candidate / Officeholder na OH Payee name Drug CHEK Payee address; 404 W. Oak	City; Card, Swite 116 Pare top of this schedule) Description CD Form S. Complete Schedule T. Check if Aust Complete Schedule T. Check if Aust Complete Schedule T. Check if Aust City; City;	leshine Ty 75801 Labels for voter Posto in, TX, officeholder living expense Office held Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

			T 4 51 - 15 51	0 1 5 5	2 7.11	(1)
The C/OH Instruction (Guide explains how	to complete this form.	1 Filer ID (Ethics	Commission Filers)	2 Total pages	filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS MR	Joe		D MI	OFFIC	E USE ONLY
NAME	NICKNAME	Lathar	\sim	SUFFIX		For Record
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	; APT / SUITE #;	CITY; STATE;	ZIP CODE	Ca	2 6 2024 sey Brown
Change of Address	149 AN	County Rd 2142	ralestine,	Tx 75801	Ву	deputy
5 CANDIDATE/ OFFICEHOLDER PHONE	(43a)	963 786	EXTEN	SION	Date Hand-delive	red or Date Postmarked
6 CAMPAIGN TREASURER	MS (MRS) MR	FIRST		МІ	Receipt #	Amount \$
NAME	NICKNAME	LAST	·	SUFFIX	Date Processed	
	THORIT SILE	Burris			Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX PLEASE); APT / S	SUITE #; CIT	Y;	STATE:	ZIP CODE
(Residence or Business)	324 E	Palestine Au	e Pale	shine,	TV	75801
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENS			
9 REPORT TYPE	1905	724 - 49	54			•
9 REPORT TYPE	January 15	30th day before	election R	unoff	treasure	/ after campaign r appointment older Only)
	July 15	8th day before ele	CCUCII	ceeded Modified eporting Limit	Final Re	port (Attach C/OH - FR)
10 PERIOD	Month	Day Year		Month	Day Y	rear ear
COVERED	62	101/24	THROUGH	12	26/2	241
11 ELECTION	ELECTION D	ATE		ELECTION TYPE	44 0	- 7
II ELECTION		V Reimany	Runoff	Other		
	Month Day	rear 70		Description		
	03/05	24 General	Special	100		
12 OFFICE	OFFICE HELD (if any		13 OFFICE	SOUGHT (if known)	
			Cor	stable	Pat 2	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFI	ICE OF POLITICAL CONTRIBUTIONS ICEHOLDER. THESE EXPENDITURE IS AND OFFICEHOLDERS ARE REQU	ES MAY HAVE BEEN MADE	WITHOUT THE CANE	DIDATE'S OR OFFICE	HOLDER'S KNOWLEDGE OF
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS			9-8-1	
	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME	1333		
		COMMITTEE CAMPAIGN TR	REASURER ADDRESS			5.0
	1	GO TO	PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

_			
		The Instruction Guide explains how to comple	
		 Complete only if "Report Type" on page 1 is mar 	ked "Final Report" ••
1	C/OH	NAME	2 Filer ID (Ethics Commission Filers)
		Joe D Lathan	
3	SIGN	ATURE	
	I do no	ot expect any further political contributions or political expenditures in connect	tion with my condidant. Lundanted that
	design	nating a report as a final report terminates my campaign treasurer appointmen	nt. I also understand that I may not accept any
	campa	aign contributions or make any campaign expenditures without a campaign	easurer appointment on file.
			PD
			you Lathan
			Signature of Candidate / Officeholder
-	Par page		
4		R WHO IS NOT AN OFFICEHOLDER mplete A & B below only if you are not an officeholder. ••	
		and the state of t	
	A.	CAMPAIGN FUNDS	
	Chec	ck only one:	
	X	I do not have unexpended contributions or unexpended interest or income	earned from political contributions.
		I have unexpended contributions or unexpended interest or income earned may not convert unexpended political contributions or unexpended interest personal use. I also understand that I must file an annual report of unexpended contributions or unexpended contributions or unexpended interest.	st or income earned on political contributions to xpended contributions and that I may not retain
		unexpended contributions or unexpended interest or income earned on polifiling this final report. Further, I understand that I must dispose of unexpendinterest or income earned on political contributions in accordance with the rest or income earned on political contributions.	ded political contributions and unexpended
	B.	ASSETS	
	Chec	ck only one:	
	×	I do not retain assets purchased with political contributions or interest or ot	her income from political contributions.
		I do retain assets purchased with political contributions or interest or other in that I may not convert assets purchased with political contributions or interest personal use. I also understand that I must dispose of assets purchased we requirements of Election Code, § 254.204.	est or other income from political contributions to
		and the second s	Ave IM Ma
			Signature of Candidate
;		EHOLDER	
	Com	plete this section only if you are an officeholder ••	
		I am aware that I remain subject to filing requirements applicable to an officehol file. I am also aware that I will be required to file reports of unexpended contribution an officeholder, I retain political contributions, interest or other income from political contributions.	butions if, after filing the last required report as
		political contributions or interest or other income from political contributions.	onucal contributions, or assets purchased with
			Simple of Office in the
			Signature of Officeholder

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME	16 Filer	ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN 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.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 373 60
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
	Signature of Candidate	or Officeholder
	Signature of Candidate	or Officeholder
	Please complete either option below:	
(1) Affidavit		- S cons
NOTARY STAMP/SEA	L	
Sworn to and subscribed	before me by this the	day of
20, to certify	which, witness my hand and seal of office.	
Signature of officer administ	ering oath Printed name of officer administering oath	Title of officer administering oath
	OR	有表面图象
(2) Unsworn Declarat	ion	
My name is $\sqrt{0}E$ My address is $\sqrt{199}$	LATHAM and my date of birth is S.	ept. 5, 1952 15501 Anterson
Executed in Ander	(street) (city) (state) SON County, State of County, on the County (county)	(zip code) (country) 20 2 2 (year)
	Signature of Candidate/Off	iceholder (Declarant)

SUBTOTALS - C/OH

19	19 FILER NAME 20 Filer ID (Ethics Con					
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	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 CONTRIBUTION	IONS \$				
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$				
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIB	BUTIONS \$				
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$				
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 37360				
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINES					
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUT	TIONS \$				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RE TO FILER	TURNED \$				

LOANS

SCHEDULE E

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

The I	nstruction Guide explains how to comp	plete this form.	1 Total pages Schedule E:
2 FILER NAME	3 Filer ID (Ethics Commission Filers		
TOTAL OF UN	\$		
Date of loan	1	PAC (ID#)	9 Loan Amount (\$)
2/26/24 Is lender a financial Institution?	Joe D Latha 8 Lender address; City;	State; Zip Code	37360 10 Interest rate
YN	199 An CountyRd	2142 Pelestine Tx 7580	11 Maturity date
2 Principal occupation DLPULY 4 Description of Colla	7 Job title (See Instructions)	Anderson Coun	ofy Sheviff's Dffice
GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
Principal Occupation	on (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (iD#:)	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
YN			Maturity date
Principal occupation	/ Job title (See Instructions)	Employer (See Instructions)	
Description of Collate	eral	Check if personal fund account (See Instruct	ds were deposited into political
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code	4 ;
Principal Occupation	(See Instructions)	Employer (See Instructions)	
	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS NEE	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

	EXPENDITURE CATEGO	ORIES FOR BOX 8(a)	0
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	Fees Food/Beverage Expense By Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor 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 be D Lathan		3 Filer ID (Ethics Commission Filers)
4 Date 02/15/24	5 Payee name Mail and More		
6 Amount (\$) Reimbursement from political contributions intended	7 Payee address; 210 W. Oak 5t	Palestin	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this school Advicting applies (c) Check if travel outside of Texas. Complete School	e Maj / Out	Pol. Post Cards , TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
02/15/24	Payee name May 1 and more		
Amount (\$) Seimbursement from political contributions intended	Payee address; 210 W. Oak 5t	Pales b	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch Ad Ver h Sing JupenSe Check if travel outside of Texas. Complete Sche	Description Wai / Qui	- Pol. post Cards
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
Amount (\$) Reimbursement from political contributions intended	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	o, TX, officeholder living expense Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEED	DED