		ICEHOLDER CE REPORT				ORM C/OH HEET PG 1
The C/OH Instruction	Guide explains how	v to complete this form.	1 Filer ID (E	Ethics Commission Filers)	2 Total pages f	iled:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST MARK		MI A		USEONLY
	NICKNAME	Case	,	SUFFIX	Depte Received FO UPSHUR C	OR RECOR D OUNTY, TEX,
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BO			ATE; ZIP CODE		16 2024 Y HARLE
Change of Address	2200	www 6/ade	ut I	75647	ELECTIONS	ADMAJISTRATOR
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (903)	PHONE NUMBER 750 8522		TENSION	Date Hand-delivere	DEPU7
6 CAMPAIGN TREASURER	MS / MRS / MR	MARLE		MI	Receipt #	Amount \$
NAME	NICKNAME	LAST		SUFFIX	Date Processed	
		Cas			Date Imaged	
7 CAMPAIGN TREASURER ADDRESS		(NO PO BOX PLEASE); APT / S		CITY;	STATE;	ZIP CODE
(Residence or Business)	22000	roodble 6,	Ledeur	to in	75647	,
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER		TENSION		
9 REPORT TYPE	January 15	30th day before e	election	Runoff		ter campaign opointment or Only)
	July 15	8th day before ele	ection	Exceeded Modified Reporting Limit	Final Repo	1 (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	THROUGH	Month	Day Year	
11 ELECTION	ELECTION DA	ATE I		ELECTION TYPE	15/24	
	Month Day	Year Primary	Runoff	Other Description		
	03/05	24 General	Special		<u> </u>	
12 OFFICE	OFFICE HELD (if any)		13 OF	FICE SOUGHT (if known)		
14 NOTICE FROM POLITICAL COMMITTEE(S)		CE OF POLITICAL CONTRIBUTIONS CEHOLDER. THESE EXPENDITURES IS AND OFFICEHOLDERS ARE REQUIRED				
	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS			· .	
,	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME			
		COMMITTEE CAMPAIGN TRE	ASURER ADDRES			
		GO TO	PAGE 2	-		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	Λ Λ.ο.	16 Filer ID (Ethics Commission Filers)
Mark	A Cese	
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 17,650
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
,	4. TOTAL POLITICAL EXPENDITURES	\$ 11,58315
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$ 6065 69
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$
18 SIGNATURE I s	wear or affirm under parally of nation, that the	
	wear, or affirm, under penalty of perjury, that the accompanying report is true	and correct and includes all information
rec	quired to be reported by me under Title 15, Election Code.	,
	1.1	
		·
		<u> </u>
	Signature of Car	ndidate or Officeholder
		!
	Please complete either option below	,
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•		ļ
(1) Affidavit		*** *** *** *** *** *** *** *** *** **
1 - 7		•
NOTABLY OTALLS (CT.)	^	,
NOTARY STAMP/SEAL	\sim \sim \sim \sim	ith -
Swom to and subscribed		This clan.
Choin to and subscribed	before me by this the	10 day of <u>Ja/1·</u> ,
20, to certify	which, witness my hand and seal of office.	, '
Jon Ho	ne Lory Harle	$\Box A$
Signature of officer administer		
grande of chical againmiste	ring oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declaration	on	
My name is	, and my date of birth is	,
My address is	, and my date of bittins	•
wy address is		
í	(street) (city) (st	ate) (zip code) (country)
Executed in	County, State of, on the day of	, 20
**	(month)	(year)
		· · · · · · · · · · · · · · · · · · ·
	Signature of Candida	ate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FiLEI	9 FILER NAME 20 Filer ID (Ethics Co.					
	DULE SUBTOTALS FOF SCHEDULE		SUBTOTAL AMOUNT			
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS		\$ 17620			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 2570 00			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ P			
4.	SCHEDULE E: LOANS		\$ A			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 1158315			
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		\$ A			
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUI	NDS	\$ &			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$ 0			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 0			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	TONS RETURNED	\$ 0			
[

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The	e Instruction Guide explains how	to complete thi	s form.	1 Total pages Schedule A1:
FILER NAME		-		3 Filer ID (Ethics Commission Filers)
MA	Rp A Cise			
Date	5 Full name of contributor	out-of-state PA	AC (ID#:)	7 Amount of contribution (\$)
8/-1-	Clay HEFNET			
0/10/23	6 Contributor address;		State; Zip Code	
				- 613
Principal occ	upation / Job title (See Instructions)	Gilmes	DE 75686	2000
) Filliopai coo.	Ton una (Sec menonome)		9 Employer (See Instruc	ctions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
	Carl Cara blick			Altiount of continuation (w)
8/11/23	Contributor address;	City:	State; Zlp Code	
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	1	Longer	11cl / 75602	10,0000
Principal occup	pation / Job title (See Instructions)	•	Employer (See Instruc	itions)
Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)
4. 1. 1	mireade Carte			Allowing of continuous (4)
0/8/23	Contributor address;	City;	State; Zip Code	
			•	
		Longuein	17% 75609	450-
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
	1			
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
10/2 2/22	Desek moore			· •
10/23/23	Contributor address;	City;	State; Zip Code	
I		1		. ce
Principal occur		6: Ine	 	5,0000
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)
	ATTACH ADDITI	ONAL COPIES C	OF THIS SCHEDULE AS N	EEDED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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	s form.	1 Total pages Schedule A1:
2 FILER NAME	L ASASE		3 Filer ID (Ethics Commission Filers)
4 Date	Toba Linder	C (ID#:) State; Zip Code	7 Amount of contribution (\$)
	POBX Cladework	1× 75647	2,000 00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	Contributor address; City;		:
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 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	ons)
	ATTACH ADDITIONAL COPIES O		
	If contributor is out-of-state PAC, please see Instru	iction guide for additional re	porting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

Th	ne Instruction Guide explains how to complete this for	n.	1 Total pages Sched	ule A2:
2 FILER NAM	E		3 Filer ID (Ethics Co	mmission Filers)
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4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$	
5 Date	6 Full name of contributor out-of-state PAC (ID#:	Zip Code	Contribution \$	9 In-kind contribution description Face Sout Page de of Texas. Complete Schedule T.
	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	FOR NON-JUDICIA	AL)(See Instructions)
	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JU	DICIAL)(See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	se (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
1//18/23	Contributor address; City; State;	Zip Code	Check if travel outsing	VIN UL de of Texas, Complete Schedule T.
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See Instructions)		r (FOR NON-JUDICIA	
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	tor's job title (FOR JU	DICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spous	se (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
if	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDU	LEAS NEEDED	

SCHEDULE F1

If the requested in	iformation is	is not applicable, DO NOT	include t	this page in the re	eport.
		EXPENDITURE CATE	GORIES	FOR BOX 8(a)	***
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	By cal Committee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Ove Polling Ex Printing Ex		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
·		The Instruction Guide explain	ns how to c	complete this form.	·
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4 Date 11/08/23	5 Payee na			<u></u> ,	
6 Amount (\$).	7 Payee ad	ddress;		City;	State; Zip Code
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8	(a) Categor	ry (See Categories listed at the top of this	schedule)	(b) Description	
PURPOSE		tu.	•		and the second
EXPENDITURE	150	ent	·	Fred For	- wint
	(c)	Check if travel outside of Texas, Complete S	Schedule T.	Check if Austir	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candid H	late / Officeholder name		Office sought	Office held
Date	Payee na	ıme			
11/15/23	Repu	blica Party			$V = x^{2} = \frac{\pi}{2} = \frac{\pi}{2} \cdot x^{2} = \frac{\pi}{2}$
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Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought	Office held
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Amount (\$)	Payee add	dress;		Clty;	State; Zip Code
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OF EXPENDITURE	Adve	rfish each		Freelock	

Complete ONLY if direct expenditure to benefit-C/OH

Check if travel outside of Texas, Complete Schedule T.

Candidate / Officeholder name

Office held

Check if Austin, TX, officeholder living expense

Office sought

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimburgernse

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 Servicas 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

The Instruction Guide explains how to complete this form. 1 Total pages Schedule Fit 2 Filter NAME 2 Filter NAME 5 Payee name 60 Carputot Pro 7 Payee address; City: State: Zip Code 7 Payee address: Complete Schedule 10 Description 7 Payee address: City: State: Zip Code 7 Payee name 60 Cardgory (See Categorie listed at the fop of this schedule) 10 Description 7 Payee name 60 Carddote Office incider name 7 Carddote Incide office incider name 7 Carddote Incider office incider	Candidate/Officeholder/Politics Credit Card Payment	al Committée Legal Services Salaries	Expense ://Wages/ContractLabor	Travel Out Of District Other (enter a category not listed above)
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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/Dinations Made By
Candidate/Original Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salarias/Manas/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 Credit Card Payment			Memorials Expense es	Printing E Salaries/		Travel in District Travel Out Of Dis Other (enter a car	strict legory not listed above)
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SCHEDULE F1

يه مراكور

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/Wanas/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 Fliers
7 085	MULASA COS	
4 Date	5 Payee name Longuedid Prail	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
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OF EXPENDITURE	Printing & XPansa	Shows
	(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/Ol	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
12/27/23	Heartt Parm Supely	
Amount (\$)	Payee address;	City; State; Zip Code
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	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	offer	natival to Putus Sign
	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	
11/5/24	Shell	8 2 5 8 7
Amount (\$)	Payee address;	City; State; Zip Code
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	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

1.15

SCHEDULE F1

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

		EXPENDITURE CAT				4:
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Overhea Polling Expens Printing Expen		Travel In District Travel Out Of Distric	pment & Related Expense
Credit Card Payment		The Instruction Guide exp	ains how to com	plete this form.		
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