

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <b>6</b>	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>MR</b>	FIRST <b>COREY</b>	MI <input checked="" type="checkbox"/>	
	NICKNAME	LAST <b>NUNLEY</b>	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>802 W MAIN ST. CROSBYTON TX 79322</b>		<b>FILED</b> 2024 JAN 25 AM 8:58 TAMMY HARRIS COUNTY CLERK CROSBY COUNTY, TX	
	5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <b>(806)</b>		PHONE NUMBER <b>241-1645</b>
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>MR</b>	FIRST <b>GARY</b>		MI <input type="checkbox"/>
	NICKNAME	LAST <b>HARDIN</b>		SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>316 S. AYRSHIRE CROSBYTON TX 79322</b>		Date Received	
	8 CAMPAIGN TREASURER PHONE	AREA CODE <b>(806)</b>	PHONE NUMBER <b>620-0376</b>	
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		Date Hand Delivered	
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		Date Postmarked	
10 PERIOD COVERED	Month    Day    Year <b>10 / 13 / 2023</b> THROUGH <b>12 / 31 / 2023</b>		Receipt #	
11 ELECTION	ELECTION DATE Month    Day    Year <b>03 / 05 / 2024</b>		Date Processed	
	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <b>CROSBY COUNTY SHERIFF</b>		
14 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> 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	COMMITTEE NAME		
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS		
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		

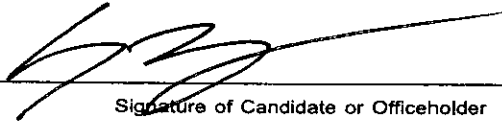
**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

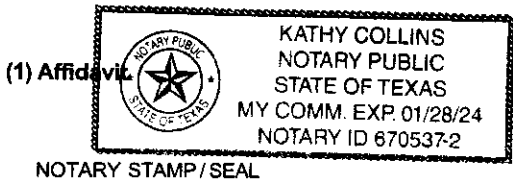
FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME <u>Corey Nunley</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>2,200.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>2,200.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>1,410.32</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1,410.32</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>789.68</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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:



Sworn to and subscribed before me by Corey Nunley this the 25<sup>th</sup> day of January, 2024, to certify which, witness my hand and seal of office.

Kathy Collins                      Kathy Collins                      Notary Public  
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

FORM C/OH  
COVER SHEET PG 3

<b>19 FILER NAME</b> <i>Conley Nunley</i>	<b>20 Filer ID (Ethics Commission Filers)</b>
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21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2200
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1410.32
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

# 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 form.

1 Total pages Schedule A1: **2**

2 FILER NAME  
**CORCY NUNLET**

3 Filer ID (Ethics Commission Filers)

4 Date  
**10-18-23**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**CORCY NUNLET**

7 Amount of contribution (\$) **\$300.00**

6 Contributor address; City; State; Zip Code

**802 W MAIN ST CROSBYTON TX 79302**

8 Principal occupation / Job title (See Instructions)  
**POLICE CHIEF**

9 Employer (See Instructions)  
**CITY OF LUBBOCK**

Date  
**10-18-23**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**GARY HARDEN**

Amount of contribution (\$) **\$200.00**

Contributor address; City; State; Zip Code

[REDACTED]

Principal occupation / Job title (See Instructions)  
**RETIRED**

Employer (See Instructions)

Date  
**11-06-23**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**JIMMY ISBELL**

Amount of contribution (\$) **\$500.00**

Contributor address; City; State; Zip Code

[REDACTED]

Principal occupation / Job title (See Instructions)  
**POLICE OFFICER**

Employer (See Instructions)  
**CITY OF LUBBOCK**

Date  
**11-15-23**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**CORCY NUNLET**

Amount of contribution (\$) **\$700.00**

Contributor address; City; State; Zip Code

**802 W MAIN CROSBYTON TX 79302**

Principal occupation / Job title (See Instructions)  
**POLICE CHIEF**

Employer (See Instructions)  
**CITY OF LUBBOCK**

**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 form. 1 Total pages Schedule A1: 2

2 FILER NAME CORREY NUNLEY 3 Filer ID (Ethics Commission Filers)

4 Date <u>12-04-23</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>EVANGELINE MULLEN</u>	7 Amount of contribution (\$) <u>\$500.00</u>
6 Contributor address; City; State; Zip Code <u>[REDACTED]</u> <u>[REDACTED]</u>		

8 Principal occupation / Job title (See Instructions) JEWELER 9 Employer (See Instructions) SELF

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
------	---	-----------------------------

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

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
------	---	-----------------------------

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

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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Principal occupation / Job title (See Instructions) Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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**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                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>1</b>	2 FILER NAME <b>CORREY NUNLEY</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>11-20-23</b>	5 Payee name <b>ADVANCED GRAPHIX</b>
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6 Amount (\$) <b>\$568.31</b>	7 Payee address: <b>520 23RD ST</b>	City: <b>LUBBOCK</b>	State: <b>TX</b>	Zip Code <b>79404</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	(b) Description <b>YARD SIGNS</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>CORREY NUNLEY</b>	Office sought <b>CROSBY COUNTY SHERIFF</b>	Office held
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Date <b>12-11-23</b>	Payee name <b>CROSBY COUNTY REPUBLICAN PARTY</b>
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Amount (\$) <b>\$750.00</b>	Payee address: <b>201 W ASPEN ST</b>	City: <b>CROSBYTON</b>	State: <b>TX</b>	Zip Code <b>79327</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>FEES</b>	Description <b>BALLOT FEE</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>CORREY NUNLEY</b>	Office sought <b>CROSBY COUNTY SHERIFF</b>	Office held
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Date <b>12-12-23</b>	Payee name <b>ADVANCED GRAPHIX</b>
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Amount (\$) <b>\$92.01</b>	Payee address: <b>520 23RD ST</b>	City: <b>LUBBOCK</b>	State: <b>TX</b>	Zip Code <b>79404</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description <b>STICKERS FOR YARD SIGNS</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>CORREY NUNLEY</b>	Office sought <b>CROSBY CO. SHERIFF</b>	Office held
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