The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID	(Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR	Mische	lle	F ^M	OFFICE USE ONLY
NAME	NICKNAME	Rivera	21.3.02	SUFFIX	Date Received TAMMY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX;	atts Ave	enue F	STATE: ZIP CODE Ralls, TX. 79357	-5 PM L
5 CANDIDATE/ OFFICEHOLDER	AREA CODE	PHONE NUMBER		EXTENSION	Date Hand-delivered or Date Postmarked
PHONE	(210) 9	196-710	5		Receipt # Amount \$
6 CAMPAIGN TREASURER NAME	MS/MRS/MR MS.	Mische	lle	E	Date Processed
AM.	NICKNAME	LAST		SUFFIX	Date Imaged
	K	IVERA			70,000
7 CAMPAIGN TREASURER ADDRESS	1502 W	no po box please); apt atts Aven	ue Ro	Llls, Tx. 7	9357
(Residence or Business)		the Control of the Co			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER		EXTENSION	
	(310)	110)		
9 REPORT TYPE	January 15	30th day befo	re election	Runoff	15th day after campaign treasurer appointment (Officeholder Only)
2004	July 15	8th day before	election	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	O (Day Year / 262	THROU	JGH 02	05/2024
11 ELECTION	ELECTION DA			ELECTION TYPE	
	Month Day	Year Prima	ary Runo	off Other Description	
	03/05/	2004 Gene	eral Spec		
12 OFFICE	OFFICE HELD (if any)		13	OFFICE SOUGHT (if knows	
.15.	None)	1	axasse	ssor/Collector
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITU	IRES MAY HAVE BEE	N MADE WITHOUT THE CAN	IADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(3)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN	TREASURER NAME		
		COMMITTEE CAMPAIGN	TREASURER ADD	RESS	
4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
18		GO T	O PAGE 2		

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.	\$939.81
	4. TOTAL POLITICAL EXPENDITURES	\$939.81
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	T DAY \$
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$
	swear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	e and correct and includes all information
	nixule &	Riven
	Signature of Ca	ndidate or Officeholder
· .		
3,	Please complete either option below	u·
	Please complete ettilei option belov	
(1) Affidavit	MELANIE SNODGRASS NOTARY PUBLIC STATE OF TEXAS MY COMM. EXP. 07/16/27 NOTARY ID 1043197-2	
NOTARY STAMP/SEA	M.	and the second second
Sworn to and subscribed	Michaella E Kinoca	5th day of February.
20 to certify	which, witness my hand and seal of office. Ourdynan Melance Snadylass	Notary
Signature of officer administ	ering oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declarat	ion	
My name is	, and my date of birth is	s
		(state) (zip code) (country)
Executed in	County, State of , on the day of(mon	th) , 20
-	Signature of Cand	idate/Officeholder (Declarant)

The C/OH Instruction 0	Suide evaleine how	to complete this form	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
		to complete this form.		
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR	FIRST	MI	OFFICE USE ONLY
	NICKNAME	LAST	SUFFIX	Date Received
		Mª CAULE	Y	7021
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CYTY; STATE; ZIP CODE	FIL 2024 FEB -6 TAMMY M COUNTY CROSBY
Change of Address	1301	AVEA	RAILS TY 7935	7 CCR > 11
5 CANDIDATE/ OFFICEHOLDER PHONE	(SOL)	PHONE NUMBER 543-4660	EXTENSION	Date Hand-delivated or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST	MI	Receipt # Amount \$
NAME	PVIR	LArry		Date Processed
	NICKNAME	LAST	SUFFIX	Date Imaged
		MECANKY		
7 CAMPAIGN TREASURER ADDRESS		NO PO BOX PLEASE); APT /\SL	UITE #; CITY;	STATE; ZIP CODE
(Residence or Business)	1301 A	JE A	RAlls	TX 79357
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
.,	(806)	543-4660		
9 REPORT TYPE	January 15	30th day before el	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before elec	ction Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Month	Day Year
	Da/	05/2024	THROUGH 02	26/2024
11 ELECTION	ELECTION DA		ELECTION TYPE	
	Month Day	Year Primary	Runoff Other Description	
	03/05/	2024 General	Special	
12 OFFICE	OFFICE HELD (if any)	PeT		
	Crosby Con	nly Commission	TER Cross by County	Commissioner Pet. 1
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EHOLDER, THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDITURES IN S MAY HAVE BEEN MADE WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME	
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS	
	l		DA 05 0	
		GO TO	PAGE 2	

15 C/OH NAME	16 File	r ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ -0 -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ _ 0 -
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 1565.92
	4. TOTAL POLITICAL EXPENDITURES	\$ 1565.92 \$ 1565.92
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
	wear, or affirm, under penalty of perjury, that the accompanying report is true and conquired to be reported by me under Title 15, Election Code.	prrect and includes all information
	2 M2/	
	Signature of Candidate	or Officeholder
	Signature of Carididate	or Officeriolder
	Please complete either option below:	
	•	
2,000,000		
(1) Affidavit	MELANIE SNODGRASS NOTARY PUBLIC STATE OF TEXAS MY COMM. EXP. 07/16/27 NOTARY ID 1043197-2	
NOTARY STAMP/SEA		
Sworn to and subscribed	before me by Larry Mc Cauley this the Loth	_ day of <u>Aconuary</u> .
20 , to certify	which, witness my hand and seal of office. Melaniz Snodgrass	Notary
Signature of officer administ	ering oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declarat		
My name is	, and my date of birth is	
My address is		
	(50,550)	(zip code) (country)
Executed in	County, State of , on the day of(month)	, 20 (year)
	Signature of Candidate/Off	iceholder (Declarant)

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS (MR) FIRST	P.	OFFICE USE ONLY
NAME	NICKNAME LAST	SUFFIX	Date Received Z024 FEB CROS
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	942 CRIBB RAIS	TX 71357	B -5 PM NY MARSH UNITY CLE DSBY CO
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (644 743	EXTENSION	Date Hand nativated or Date Postmarked Receipt # Amount \$
6 CAMPAIGN TREASURER NAME	MS / MRS MRS FIRST NICKNAME LAST	SUFFIX	Date Processed Date Imaged
	5405		Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / S	Ty 74357	STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER 606) 641 7422	EXTENSION	
9 REPORT TYPE	January 15 July 15 30th day before ell	Expended Modified	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	THROUGH	Day Year 74
11 ELECTION	Month Day Year Primary O3 / O5 / 2++ General	Description	
12 OFFICE	OFFICE HELD (If any)	13 OFFICE SOUGHT (If know	ty attorney
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURE CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQU		
	COMMITTEE TYPE COMMITTEE NAME		
Additional Pages	GENERAL COMMITTEE ADDRESS		
	SPECIFIC COMMITTEE CAMPAIGN TR	REASURER NAME	
	COMMITTEE CAMPAIGN T	REASURER ADDRESS	
	GO TO	PAGE 2	

	200.000		
15 C/OH NAME	mel Sules		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION 1.	TOTAL UNITEMIZED POLITICAL COMPLEDGES, LOANS, OR GUARANTEE CONTRIBUTIONS MADE ELECTRON	S OF LOANS, OR	\$ 0
2.	OTHER THAN PLEDGES, LOANS, OF		\$ 6
EXPENDITURE TOTALS 3.	. TOTAL UNITEMIZED POLITICAL EXP	ENDITURE.	\$ 0
4.	TOTAL POLITICAL EXPENDITURE	s	\$ 0
CONTRIBUTION 5.	TOTAL POLITICAL CONTRIBUTIONS I	VAINTAINED AS OF THE LAS	ST DAY \$
OUTSTANDING 6.	TOTAL PRINCIPAL AMOUNT OF ALL C LAST DAY OF THE REPORTING PERI		F THE \$
	or affirm, under penalty of perjury, that the to be reported by me under Title 15, Election		e and correct and includes all information
		Signature of Ca	andidate or Officeholder
	Please complete	either option below	v:
Secure consequences	MELANIE SNODGRASS		
STARY PURILE	NOTARY PUBLIC		
(-(STATE OF TEXAS		
(1) Affidouit	MY COMM. EXP. 07/16/27		
(1) Affidavit	NOTARY ID 1043197-2		
-			
NOTARY STAMP/SEAL	0 10 1		
Sworn to and subscribed before		this the	5th day of February,
	witness my hand and seal of office. We lance So	nodarass	Notary
Signature of officer administering oa			Title of office administering oath
	Timed name of other dan	minotering outil	The or other last innerent great
	OR	the state of the s	
(2) Unsworn Declaration			
My name is		, and my date of birth is	
My address is	,		
	(street)	(city) (s	state) (zip code) (country)
Executed in	County, State of, on	the day of(month	, 20
		Signature of Candid	date/Officeholder (Declarant)

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST	MI K	OFFICELUSE COLY
NAME	NICKNAME LAST	SUFFIX	Date Receive ON THE
	Villan	weva	84 4 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	P.O. BOX 642 Ra	CITY: STATE: ZIP CODE	AM II: 00 RSHALL CLERK CO TX
Change of Address	AREA CODE PHONE NUMBER	EXTENSION	0
5 CANDIDATE/ OFFICEHOLDER PHONE	(80%) 983-1401	EXCENSION.	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST	n K	Receipt # Amount \$ Date Processed
NAME	NICKNAME LAST	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / S	SUITE #. CITY:	STATE; ZIP CODE
ADDRESS (Residence or Business)	1200 Auc 6	Rells 7	TX 75357
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (802) 583-1401	EXTENSION	
9 REPORT TYPE	January 15 30th day before	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 Sth day before 6	election Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year / 15 /2024	THROUGH 2	Day Year / 5 / 2024
11 ELECTION	ELECTION DATE Month Day Year Primar 3 /5 /24 Genera	Description	E
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if know	vn)
	Sheriff	Sheriq	<u> </u>
	GO TO	O PAGE 2	

14 C/OH NAME		R Villanueva	ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(SUPPORT THE CANE	DTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES IN IDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE VISION CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMITIES.	HE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
		COMMITTEE ADDRESS	
	SPECIFIC		
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pag	es		
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
	1 1014	UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN	
17 CONTRIBUTION TOTALS	PLED	SES, LOANS, OR GUARANTEES OF LOANS, OR RIBUTIONS MADE ELECTRONICALLY)	\$ 🖔
	2. TOTA	POLITICAL CONTRIBUTIONS R THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ &
EXPENDITUR TOTALS	RE 3. TOTA	UNITEMIZED POLITICAL EXPENDITURE.	\$ 8
	4. TOTA	POLITICAL EXPENDITURES	\$ 482.72
CONTRIBUTI BALANCE	ON 5. TOTA	POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY PORTING PERIOD	\$ &
OUTSTANDIN LOAN TOTAL	NG 6. TOTA	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE DAY OF THE REPORTING PERIOD	\$ 8
18 AFFIDAVIT		I swear, or affirm, under penalty of perjur true and correct and includes all informa	y, that the accompanying report is tion required to be reported by me
	MELANIE SNOO NOTARY PU STATE OF TE MY COMM. EXP.	BLIC XAS	
	NOTARY ID 10		te or Officeholder
	RY STAMP / SEALABOVE	by the said Ethan Villanneva	, this the
Α. Ι	subscribed before m	_, to certify which, witness my hand and seal of office.	,
Melani	y Shodnar	Melanie Snodyrass	Notary
Signature of	officer administering oa	h Printed name of officer administering oath	Title of officer administering oath

The C/OH Instruction C	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR M/R	CORET	W.	OFFICE USE ONLY
NAME	NICKNAME	NUNLEY	SUFFIX	Date Receive TA
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX		CITY: STATE: ZIP CODE TOSBYTON TX 7/322	-2 M 8: NTY CLERK
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (806)	241-1645	EXTENSION (Date Hand-delivered or Date Rostmarked
6 CAMPAIGN TREASURER	MS/MRS/MR	FIRST	мі <i>1</i> З	Receipt # Amount \$
NAME	/~/~	67A)C(Date Processed
	NICKNAME	HARDIN	SUFFIX	Date Imaged
7 CAMPAIGN	STREET ADDRESS ((NO PO BOX PLEASE); APT / S	SUITE #; CITY;	STATE; ZIP CODE
TREASURER ADDRESS	316 South	AYRSHERE	CROSBYTON	TK 79322
(Residence or Business)				
8 CAMPAIGN TREASURER PHONE	AREA CODE (806)	PHONE NUMBER 620-0376	EXTENSION	
9 REPORT TYPE	January 15	30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month	Day Year	Month	Day Year
COVERED	01	101/2024	THROUGH 01	129/2024
11 ELECTION	ELECTION DA	TE	ELECTION TYPE	
	Month Day	Year Primary	Runoff Other	
		/ General	Description	
	03/05/	2024		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if know	n)
011102			CROSIBY COUNTY	SHORIFF
14 NOTICE FROM POLITICAL	THE ALLIDIDATE ! OFFIC	PEUOL DED THESE EVDENDITIBE	S MAY HAVE REEN MADE WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPORT IDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME	
		COMMITTEE CAMPAIGN TR	REASURER ADDRESS	
	1	GO TO	PAGE 2	

15 C/OH NAME	NUNLEY FOIR CROSSEY COURTY SHENTER	D (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 1,100.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,100.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 686.2°
	4. TOTAL POLITICAL EXPENDITURES	\$ 686.90
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,202.78
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
	swear, or affirm, under penalty of perjury, that the accompanying report is true and co quired to be reported by me under Title 15, Election Code.	prrect and includes all information
	Signature of Candidate	or Officeholder
	Please complete either option below:	
(1) Affidavit		
NOTARY STAMP/SEA	AL .	
Sworn to and subscribed	before me by this the	_ day of,
	which, witness my hand and seal of office.	
Signature of officer administr	ering oath Printed name of officer administering oath	Title of officer administering oath
W. 10, 25 32 32 32 32 32 32 32 32 32 32 32 32 32	OR	And the second
(2) Unsworn Declarat	ion	
My name is COREY	Nuncey, and my date of birth is M.	AR 30 1979
My address is 802	W MAIN CROSSITON, TX.	79322 LSA.
	(street) (city) (state)	(zip code) (country)
Executed in	BC County, State of TEXAS, on the 2ND day of FEBRUARY (month)	(year)
		ashaldar (Daglars-1)
	Signature of Cardidate/Offi	cenoider (Declarant)

SUBTOTALS - C/OH

19	FILER NAME 20 FII	er ID (Ethics Commission Filers)
	COREY NUNLEY	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,100.00
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 CONTRIBU	TIONS \$ 686.90
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRI	BUTIONS \$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	S
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINE	ESS OF C/OH \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBU	ITIONS \$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS R	ETURNED \$

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
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gif/Awards/Memorials Expense Legal Services 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 (or the property of lighted above)

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: 2 FILER NAME
CONEY NUNLEY 3 Filer ID (Ethics Commission Filers) 5 Payee name 5 Payee name

ADVANCED CITAPHIX

7 Payee address; 520 23RD ST City;

LUBBOCK (b) Description (a) Category (See Categories listed at the top of this schedule) 8 YAMD STINS PURPOSE EXPENDITURE (c) Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) City: State: Zip Code Payee address: Category (See Categories listed at the top of this schedule) Description PURPOSE OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State: Zip Code Category (See Categories listed at the top of this schedule) Description PURPOSE OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

	e Instruction Guide explains how to complete t	his form,	1 Total pages Schedule A1: 1
FILER NAM	OREY NUNLEY		3 Filer ID (Ethics Commission Filers
	5 Full name of contributor out-of-state of TENRY KTRK 6 Contributor address: City;	State; Zip Code	7 Amount of contribution (\$)
	upation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date 19/2014	Full name of contributor out-of-state P. PHTLLIP KTITKGNDALL Contributor address; City;	AC (ID#:) State; Zip Code	Amount of contribution (\$)
	pation / Job title (See Instructions) でぬん	Employer (See Instruct	ons)
19/2024	Full name of contributor	State: Zip Code	Amount of contribution (\$)
rincipal occup	oation / Job title (See Instructions) M <i>と</i> れ	Employer (See Instructi	ons)
12 /2024	Full name of contributor	C (ID#:) State; Zip Code	Amount of contribution (\$)
^	ation / Job title (See Instructions)	Employer (See Instruction	ons)

The C/OH Instruction Guide explains how to complete this form.					Ethics Commission Fil	lers) 2 Total page	2 Total pages filed:			
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST				M	OFFI	OFFICE USE ONLY			
	Michele	4	LAST	***************************************	SUFFIX	Date Received	Z024 FEB			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BO		APT / SUITE #;		TATE; ZIP CODE		N 4			
Change of Address						() promo "	S A			
5 CANDIDATE/ OFFICEHOLDER PHONE	(806)		NUMBER - 0537	EX	CTENSION	Date Hand-delive	Amount \$			
6 CAMPAIGN TREASURER	MS / MRS / MR		FIRST		MI M	Receipt #	Amount \$			
NAME	NICKNAME		LAST		SUFFIX	Date Processed				
	"Michele"	(Cook			Date Imaged				
7 CAMPAIGN TREASURER	STREET ADDRESS	(NO PO BOX F	PLEASE); APT / S	10000000000000000000000000000000000000	CITY;	STATE;				
ADDRESS	1405 Ave	.L		1	Ralls	TX	79357			
(Residence or Business)										
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE		EXT	TENSION					
	(806)	620	- 0537							
9 REPORT TYPE	January 15	Ø	30th day before e	election	Runoff	treasure	y after campaign ir appointment older Only)			
	_ July 15		8th day before ele	ection	Exceeded Modified Reporting Limit	Final Re	port (Attach C/OH - FR)			
10 PERIOD COVERED	Month	Day	Year		Mon	th Day Y	'ear			
	01/01/24 THROUGH 01/25/24									
11 ELECTION										
	Month Day	Year	Primary	Runoff	Other Descriptio	on				
	03/05/	/24	General	Special	-					
12 OFFICE	OFFICE HELD (if any)		.1 1		FICE SOUGHT (If kn					
	Tax Asses	ssor-Co	Mector	Tax	Assessor	Collector				
14 NOTICE FROM POLITICAL COMMITTEE(S)	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.									
33,000	COMMITTEE TYPE	COMMITTEE	E NAME							
Additional Pages	GENERAL	СОММІТТЕЕ	ADDRESS							
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME									
		COMMITTEE	E CAMPAIGN TRE	ASURER ADDRES	is					
				¢						
GO TO PAGE 2										

15 C/OH NAME			16 Filer	r ID (Ethics Cor	mmission Filers)			
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITI PLEDGES, LOANS, OR GUA CONTRIBUTIONS MADE ELE	\$ 0-						
	2. TOTAL POLITICAL CONTR (OTHER THAN PLEDGES, LO	RIBUTIONS ANS, OR GUARANTEES OF LOAN	1 S)	\$ =	5-			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITIC	\$						
	4. TOTAL POLITICAL EXPEN	\$ -0-						
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD	\$ _0	_					
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT (LAST DAY OF THE REPORTION	OF ALL OUTSTANDING LOANS AS NG PERIOD	OF THE	\$ _ 0 -				
	wear, or affirm, under penalty of perjury, uired to be reported by me under Title 15,		true and con	rrect and include	des all information			
Linda M Crok								
		Signature of	Candidate of	or Officeholder				
	Please comp	olete either option belo	ow:					
(1) Affidavit	MELANIE SNODGRASS NOTARY PUBLIC STATE OF TEXAS MY COMM. EXP. 07/16/27 NOTARY ID 1043197-2		. (
Sworn to and subscribed to	pefore me by <u>Unda M. (c</u>	ok this the	e 5th	day of 34	brusty.			
20 to certify w	which, witness my hand and seal of office.	ie Snodgraus		Mota	rd			
Signature of officer administeri		icer administering oath		Title of officer a	dministering oath			
		OR A A A A A A A A A A A A A A A A A A A	CE LE					
(2) Unavious Deslar (The Control of the Co	Mary Colored					
(2) Unsworn Declaratio	n							
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 (year)	and the second			
		(mon	th)	(year)				
,		Signature of Cand	didate/Office	holder (Declar	ant)			