# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

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The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission	Filer ID (Ethics Commission Filers) 2 Total pages filed:		ed:	
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR MRST WAY		MI T	OFFICEUSEON		USE ONLY
NAME	NICKNAME	MC Vinnou	SUFFI	Date Ro	acaived	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	APT / SUITE #;	SITY; STATE; ZIP OF	640		
Change of Address  5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Ha	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER	MS/MRS/MR i∆∫_	FIRST	Mi	Receipt		Amount \$
NAME		70WV611			ocessed	
	NICKNAME	Hulboer	SUFFI		Date Imaged	
7 CAMPAIGN	STREET ADDRESS	(NO PO BOX PLEASE); APT / S	UITE #; CITY;		STATE;	ZIP CODE
TREASURER ADDRESS			Kyle		TX	78640
(Residence or Business)						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
9 REPORT TYPE	January 15	30th day before a	Runoff	www.	15th day aft treasurer ap (Officeholder	
	July 15	8th day before ele	ection Exceeded Mo	1 i	,	: (Attach C/OH - FR)
10 PERIOD	Month	Day Year		Month Day	Year	
COVERED	7,	/24/23	THROUGH	10/10	/23	<b>.</b>
11 ELECTION	ELECTION DA	TE	ELECTIO	ON TYPE		
	Month Day	Year Primary	Runoff Othe Des	er cription		
	11/07/	23 General	Special			
12 OFFICE	OFFICE HELD (if any)  13 OFFICE SOUGHT (if known)  Vila City (1) (200 (A) Dist. 4					
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER'S KNOWLEDGE OR CONSENT, CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME			~~~		
		COMMITTEE CAMPAIGN TR	EASURER 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)	
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER T PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	s 565	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOA	ans) \$	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	
	4. TOTAL POLITICAL EXPENDITURES	\$ 2212.54	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE OF REPORTING PERIOD	\$ 1352.46	
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS A LAST DAY OF THE REPORTING PERIOD	\$ 787.46	
18 SIGNATURE I s	wear, or affirm, under penalty of perjury, that the accompanying report is	s true and correct and includes all information	
rec	quired to be reported by me under Title 15, Election Code.		
	Signature o	f Candidate or Officeholder	
	Please complete either option be	low:	
ricase complete ethici option pelow:			
(1) Affidavit			
• •			
NOTARY STAMP/SEA	L		
Swom to and subscribed	before me by this	the day of,	
		40, 01	
20, to defining	which, witness my hand and seal of office.		
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath	
	OR	The or onice. Estimateding cutt	
/2) Umanuara Daalamati			
(2) Unsworn Declaration	1		
My name is Mirc	Mc Linne, and my date of bird	th is _	
My address is _	. Cyle	. TX . 78C40, USA .	
11	(street)(city)	(state) (zip code) (country)	
Executed in Tays		October 20 33	
V		(year)	
	Signature of Ca	andidate/Officeholder (Declarant)	

### **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

19	FILER NAME  20 Filer ID (Ethics Con		mmission 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	\$ 3000.50	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	\$ 2212.54	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	*	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

## LOANS SCHEDULE E

If the requested information is not applicable, DO NOT include this page in the report.				
The	1 Total pages Schedule E:			
2 FILER NAME  Marc Mc Kinney			3 Filer ID (Ethics Commission Filers)	
	IITEMIZED LOANS		\$ 3000.00	
5 Date of loan			9 Loan Amount (\$) 3000 - NO	
6 Is lender a financial Institution?	8 Lender address; City;	State; ZIp Code	10 Interest rate  11 Maturity date	
7	on / Job title (See Instructions)	13 Employer (See Instructions)	12/9/23	
14 Description of Coll	ハーセグルで ateral	15 Check if personal fund account (See Instruct	as were deposited into political ions)	
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)	
not applicable	18 Guarantor address; City;	State; Zip Code		
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)		
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)	
ls lender a financial institution?	Lender address; City;	State; Zip Code	Interest rate	
ПуПи			Maturity date	
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Description of Collateral none		Check if personal fundaccount (See Instruct	ds were deposited into political lons)	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)	
not applicable	Guarantor address; City;	State; Zip Code		
Principal Occupati	on (See Instructions)	Employer (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.				

## 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 Gift/Awards/Memorials Expense Legal Services Loan Repayment/Relmbursement 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 (enter a category not listed above)

Credit Card Payment	redit Card Payment  The Instruction Guide explains how to complete this form.			
	2 FILER NAME Warc W. Vinney	3 Filer	ID (Ethics Commission Filers)	
4 Date 10/2/23	5 Payee name			
6 Amount (\$) 1440.97	Super Cheap Signs. 7 Payee address; 9200 Water ford Ctr Blvd	she 100° Huotin	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Sign Printing  Expunse  (c) Check if travel outside of Texas, Complete Schedule T.	(b) Description  Signs , MC		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date (10/5/73)	Payee name Vista Print			
Amount (\$) 431.89	Vista Print  Payee address; 275 Wymen St.	City; Waltham	State; Zip Code  MA 02451	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Printing Expense  Check if travel outside of Texas. Complete Schedule T.	Description  Flyers  Check if Austin, TX, offic	eholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date 8 /3	Payee name Vista Prant			
Amount (\$) 339,68	Payee address; 275 Wymm St.	Waltham	State; Zip Code MA 02 457	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expanse	Description Hyus ? Stick	cers	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, office	eholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name f	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

			W-W-W-W-W-W-W-W-W-W-W-W-W-W-W-W-W-W-W-		
	The Instruction Guide explains how to complete this form.				
		•• Complete only if "Report Type" on page 1 is mark	ed "rinai Report" ••		
1	C/OHNAME  2 Filer ID (Ethics Commission Filers)				
3	SIGNA	TURE	1		
		•••			
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.  Signature of Candidate / OfficeHolder				
			Construction of the Constr		
4		WHO IS NOT AN OFFICEHOLDER plete A & B below <i>only</i> if you are not an officeholder. ••			
	A.	CAMPAIGN FUNDS			
	Checi	conly 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 interest or income earned on politing this final report. Further, I understand that I must dispose of unexpendinterest or income earned on political contributions in accordance with the results.	st or income earned on political contributions to spended contributions and that I may not retain itical contributions longer than six years after ded political contributions and unexpended		
	B. ASSETS				
	Checi	conly one:			
		I do not retain assets purchased with political contributions or interest or other	her income from political contributions.		
	The state of the s	I do retain assets purchased with political contributions or interest or other is 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		
5		EHOLDER plete this section <i>only</i> if you are an officeholder ••			
		I am aware that I remain subject to filing requirements applicable to an officeho file. I am also aware that I will be required to file reports of unexpended contributions, interest or other income from populitical contributions or interest or other income from political contributions.	ibutions if, after filing the last required report as olitical contributions, or assets purchased with		
			Signature of Officeholder		