		CEHOLDE CE REPOR	-				ORM C/OH HEET PG 1
The C/OH Instruction G	Guide explains how	to complete this form	1 File	r ID (Ethics	Commission Filers)	2 Total pages f	iled:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR NICKNAME	FIRST Scotty LAST Schilling	a		MI M SUFFIX	OFFICE  Date Received  AT 2 0	LED AW
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX	APT / SUITE #;  AYOR AJL	city:	STATE:	ZIP CODE 79434	Ki COUNTY AN	0 8 2024  m Blau  D DISTRICT CLERK COUNTY, TEXAS
5 CANDIDATE/ OFFICEHOLDER PHONE	(Sob)	PHONE NUMBER	0	EXTENS	SION	Date Hand-delivere	d or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR NICKNAME	FIRST Scott,	• • • • • • • • • • • • • • • • • • • •		SUFFIX	Date Processed	
		Schi));	19			Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		(NO PO BOX PLEASE): AF		CITY 1	•	STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE (Rob)	PHONE NUMBER		EXTENS	SION		
9 REPORT TYPE	January 15 July 15	30th day be	ofore election	Ex	ceeded Modified	treasurer (Officehold	ufter campaign appointment der Only) ort (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year / 13 / 2023	<b>)</b> тн	ROUGH	porting Limit  Month	Day Yes	
11 ELECTION	Month Day	Year Pri	mary	Runoff Special	Other Description	:	
12 OFFICE	OFFICE HELD (if any)	Hec 3			sought (if known	n) Ci 3	
14 NOTICE FROM POLITICAL COMMITTEE (S)  THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES FOR NOTICE OF SUCH EXCOMMITTEES (S)  THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KN COMMITTEE (S)  COMMITTEE TYPE   COMMITTEE NAME				LDER'S KNOWLEDGE OR			
Additional Pages	GENERAL	COMMITTEE ADDRESS					
	SPECIFIC	COMMITTEE CAMPAIGN	TREASURER	NAME			
		COMMITTEE CAMPAIG	N TREASURER	ADDRESS			
		GO <sup>-</sup>	TO PAGE	2			

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME							16 Filer	ID (Ft	hics Cor	nmissio	n Filers)
Sie	14	m Schill	٢ سر(				10 THE	10 (2.1		111113310	
17 CONTRIBUTION TOTALS	1.	PLEDGES, L	TEMIZED POLITIC LOANS, OR GUAF TIONS MADE ELE	RANTEES O	F LOANS, OR	HER THAN	l	\$			
	2.		LITICAL CONTR AN PLEDGES, LO		JARANTEES (	OF LOANS)		\$			
EXPENDITURE TOTALS	3.	TOTAL UNIT	TEMIZED POLITIC	CAL EXPEN	OITURE.			\$	825	5.	
	4.	TOTAL POL	LITICAL EXPENI	DITURES		<u> </u>		\$	815	<b>3.</b>	
CONTRIBUTION BALANCE	5.		ITICAL CONTRIBUTING PERIOD	JTIONS MAI	NTAINED AS (	OF THE LA	ST DAY	\$			
OUTSTANDING LOAN TOTALS	6.		NCIPAL AMOUNT OF THE REPORTIN			DANS AS O	F THE	\$			
		F	Please com	plete ei	her optio	n belov	v:				
(1) Affidavit											
NOTARY STAMP/SEA	L										
Swom to and subscribed						this the		_ day	of		,
20, to certify	wnich,	witness my nand a	and seal of office.								
Signature of officer administe	ering oat	h	Printed name of o	officer admini	stering oath			Title	of officer	admin	stering oath
2) Unsworn Declarati	ion			OR							
My name is 411	(S)	illing yor Ave		,	, and my dat		3-: TX	-	19 184	US	<i>A</i>
executed in	b	(street) County, State	e of <b></b>	, on the	9 (city)	. TA.	(state) 1 th)	(zip co , 20	ode) <b>29</b> (year)	(cou	ntry)
					Signatu	re of Cand	idate/Offi	ceholde	er (Decl	arant)	

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

19	19 FILER NAME 20 Filer ID (Ethics Com				
	Scolly M Shillmy				
	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 CO	NTRIBUTIONS	\$		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$		
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	\$ 825		
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED .	\$		

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

### SCHEDULE G

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salaries/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other Contract Products and Product Products and Products Product

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a category	noclisted above)
1 Total pages Schedule G:	2 FILER NAME Schilley		3 Filer ID (Ethics C	commission Filers)
4 Date	5 Payee name			
1-9-24	Scotty M Sixilling			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended	7 Payee address; 411 & Pryor Ax	Follett	Tx	790 <b>3</b> 4
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		_
OF EXPENDITURE	Filing Fee 750 BookeR News	Fee 750	Adustisius	7 <i>5#</i>
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living exp	ense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	C	Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended				
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description		
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	, TX, officeholder living ex	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	(	Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
LA LABITORE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living exp	pense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEED	ED	·

#### **CANDIDATE / OFFICEHOLDER** FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 2 Total pages filed: 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR мі 3 CANDIDATE/ OFFICE USE ONLY **OFFICEHOLDER** Zcotty M NAME Date Received FILED SUFFIX 4 CANDIDATE / ZIP CODE ADDRESS / PO BOX: FFR 06 2024 **OFFICEHOLDER** MAILING Foliat Tx 79034 **ADDRESS** Kim Blau COUNTY AND DISTRICT CLERK LIPSCOMB COUNTY TEXAS Date Hand-delivered or Date Postmarked Change of Address AREA CODE PHONE NUMBER 5 CANDIDATE/ **EXTENSION OFFICEHOLDER** (Bob) 280 1000 PHONE Receipt # Amount S MS / MRS / MR МΙ 6 CAMPAIGN **TREASURER** M Date Processed NAME SHEELY NICKNAME Date Imaged Schilling STREET ADDRESS (NO PO BOX PLEASE); APT 7 SUITE #; CITY; STATE; ZIP CODE 7 CAMPAIGN **TREASURER ADDRESS** Pryor AJE (Residence or Business) AREA CODE PHONE NUMBER EXTENSION 8 CAMPAIGN **TREASURER PHONE** (806) 280 7000 9 REPORT TYPE 15th day after campaign 30th day before election Runoff treasurer appointment (Officeholder Only) **Exceeded Modified** Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD **COVERED** 2/5/2024 1/16/2024 THROUGH ELECTION DATE **ELECTION TYPE** 11 ELECTION Primary Runoff Other Description Month 3 / 5 /2024 OFFICE HELD (if any) 13 OFFICE SOUGHT (if know 12 OFFICE THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM 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. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

IE C/OLI NIAME	A =	
5 C/OH NAME	16 Fi	ler ID (Ethics Commission Filers)
7 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.	\$ 1802.29
	4. TOTAL POLITICAL EXPENDITURES	\$ 1802.29 \$ 1802.29
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	1
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
	•	
I) Affidavit	Please complete either option below:	
1) Affidavit NOTARY STAMP/SEA		
NOTARY STAMP/SEA	L	day of,
NOTARY STAMP/SEA	L	day of,
NOTARY STAMP/SEA Swom to and subscribed 20, to certify	before me by this the which, witness my hand and seal of office.	day of,  Title of officer administering oath
Swom to and subscribed	before me by this the which, witness my hand and seal of office.	
NOTARY STAMP/SEA Swom to and subscribed 20, to certify	before me by this the which, witness my hand and seal of office.  Printed name of officer administering oath	
NOTARY STAMP/SEA  Sworn to and subscribed  20, to certify  Signature of officer administer  2) Unsworn Declarati	before me by this the which, witness my hand and seal of office.  Printed name of officer administering oath  OR	Title of officer administering oath
NOTARY STAMP/SEA  Swom to and subscribed  20, to certify  signature of officer administer  2) Unsworn Declaration	before me by this the t	Title of officer administering oath
NOTARY STAMP/SEA  Swom to and subscribed  20, to certify  Signature of officer administer	before me by	Title of officer administering oath  3-30-1959  79634 USA

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

19	FILER NAME	20 Filer ID (Ethics Commission Filers)			
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE				
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 CO	NTRIBUTIONS \$			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$			
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL				
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 1807.29			
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUI	NDS \$			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	A BUSINESS OF C/OH \$			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS \$			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED \$			

### EXPENDITURES MADE BY CREDIT CARD

#### SCHEDULE F4

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

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense **Event Expense** Advertising Expense Transportation Equipment & Related Expense Accounting/Banking Fees Travel In District Food/Beverage Expense Polling Expense Consulting Expense Travel Out Of District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above) Legal Services Candidate/Officeholder/Political Committee The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule F4: Scoth Schilling 1807,29 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 6 Payee name 5 Date State: Zip Code 7 Amount (\$) City; TYPE OF Non-Political Political **EXPENDITURE** (b) Description (a) Category (See Categories listed at the top of this schedule) 10 Jak Pens : Chip Clips PURPOSE OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. 11 Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date Zip Code City; State: Amount (\$) Pavee address; TYPE OF Non-Political Political **EXPENDITURE** Category (See Categories listed at the top of this schedule) Description **PURPOSE EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED