CANDIDATE / OFFICEHOLDER 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 3 CANDIDATE / **OFFICEHOLDER** NAME SUFFIX NICKNAME STATE: ZIP CODE ADDRESS / PO BOX: 4 CANDIDATE / **OFFICEHOLDER** MAILING **ADDRESS** Change of Address PHONE NUMBER **EXTENSION** AREA CODE 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** PHONE Receipt # Amount \$ FIRST MS / MRS / MR CAMPAIGN **TREASURER** Date Processed NAME NICKNAME Date Imaged STATE: ZIP CODE STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: CAMPAIGN **TREASURER ADDRESS** SAME (Residence or Business) PHONE NUMBER **EXTENSION** AREA CODE 8 CAMPAIGN TREASURER JAME PHONE 9 REPORT TYPE 15th day after campaign Runoff 30th day before election January 15 treasurer appointment (Officeholder Only) **Exceeded Modified** Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Month COVERED 15/ 23 THROUGH **ELECTION TYPE ELECTION DATE** 11 ELECTION Primary Runoff Other Month Day General Specia 13 OFFICE SOUGHT (if known) OFFICE HELD (if any 12 OFFICE (out 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. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

FORM C/OH

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

CAMI AIGI	TI MANUE ICEI OICI				
15 C/OH NAME	WELDON P. GOE	16 Filer ID (Ethics Commission Filers)			
17 CONTRIBUTION TOTALS					
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	s — O —			
EXPENDITURE TOTALS	1 4 INIALIMIZEU POLICALEXPENIUTE				
	\$ 1422,19				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA	st DAY \$ 7603,67			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	\$ / 000. a			
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:					
(1) Affidavit NOTARY STAMP/SE		5th day of January.			
Sworn to and subscribed before me by VIII and 17. (1100) this the 1711 day of January, 20 24, to certify which, witness my hand and seal of office.					
Signature of officer administ	1 Com Contact I to	Title of officer administering oath			
OR OR					
(2) Unsworn Declarat	ion				
My name is	, and my date of birth i	is			
My address is					
Executed in	(street) (city) County, State of , on the day of (mon	(state) (zip code) (country)			
Executed III	(mon	, 20 (year)			
	Signature of Cano	didate/Officeholder (Declarant)			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME WELDOW P. CUPE 20 Filer ID (Ethics Con	nmission Filers)	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ O	
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0	
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0	
4. SCHEDULE E: LOANS	\$ O	
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1422.19	
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ O	
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ O	
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	s 0	
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0	
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ O	
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ O	
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0	

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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 Qut Of District

Candidate/Officeholder/Political	Committee Legal Services Salaries N	Vages/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 WETOW P. Cons		3 Filer ID (Ethics Commission Filers)
4 Date 7 (8 23	5 Payee name PETSALL Express		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$35°	70 Bas 880	P 1=Asatu	TZ 78064
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Ad	Ad	,
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date ,	Payee name		
7/18/23	LEW'I		
Amount (\$)	Payee address;	City;	State; Zip Code
	Pressenter Courty Club		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Luch	MAYOR	is buch
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
819	The Happy Dude		
Amount (\$)	Payee address;	City;	State; Zip Code
	Hy 281 ptometer	TX	780ce/
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Adanting	shif	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NE	EDED

If the requested information is not \\licable, DO NOT include this page in the pport. **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 5 Payee name City; State: Zip Code 7 Payee address; 78064 (b) Description 8 (a) Category (See Categories listed at the top of this schedule) **PURPOSE** OF **EXPENDITURE** Check if Austin, TX, officeholder living expense (c) Check if travel outside of Texas. Complete Schedule T. Office held 9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Payee name City; Zip Code Amount (\$) State: 18064 Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name STLike Dowle City; Zip Code Payee address; State: 78064 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 Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

FROM POLITICAL CONTRIBUTIONS

SCREDULE I I

FROM POLITICAL CONTRIBUTIONS If the requested information is not licable, DO NOT include this page in the `∌port. **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense 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 Legal Services Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 5 Payee name City, 6 Amount (\$ 7 Payee address: State: Zip Code (b) Description 8 (a) Category (See Cat es listed at the top of this schedule) **PURPOSE** OF **EXPENDITURE** (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name City; State; Zip Code Amount (\$) Payee address; 7801L 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 Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date Zip Code State: Amount (\$) Payee address; City: Description Category (See Categories listed at the top of this schedule) PURPOSE OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SUREDULE I