CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE/ MS / MRS / MR OFFICE USE ONLY **OFFICEHOLDER** NAME NICKNAME SUFFIX 4 CANDIDATE / ADDRESS / PO BOX: STATE: ZIP CODE **OFFICEHOLDER** MAILING **ADDRESS** Change of Address 5 CANDIDATE/ **OFFICEHOLDER** PHONE Receipt # Amount \$ MS / MRS / MR 6 CAMPAIGN **TREASURER** NAME Date Processed Date Imaged STREET ADDRESS (NO PO BOX PLEASE); **CAMPAIGN** STATE: ZIP CODE **TREASURER ADDRESS** (Residence or Business) 8 CAMPAIGN AREA CODE **EXTENSION** TREASURER **PHONE** 9 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) July 15 **Exceeded Modified** 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD **COVERED** 1201 THROUGH **ELECTION DATE 11 ELECTION ELECTION TYPE** Primary Runofi __ Other Description 12 OFFICE OFFICE HELD (if anv) OFFICE SOUGHT (if known) 14 NOTICE FROM THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO THIS BOX IS FOR NOTICE OF POLITICAL CONTINUOUS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUFFICIAL THE CANDIDATE (OFFICEHOLDERS 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

FORM C/OH

CAMPAIG	V FINANCE REPORT	OVER SHEET PG 2
15 C/OH NAME	UK Medina 16 F	iler 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.	\$ 1,018.80
• • • • • • • • • • • • • • • • • • • •	4. TOTAL POLITICAL EXPENDITURES	\$ 1,018.88
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5
req	wear, or affirm, under penalty of perjury, that the accompanying report is true and quired to be reported by me under Title 15, Election Code.	· ·
		~ <u> </u>
(1) Affidavit	Please complete either option below:	·
NOTARY STAMP/SEAL	Notary ID #128465980 My Commission Expires April 29, 2027	
Swom to and subscribed (before me by <u>Maric medicic</u> this the <u>76</u> which, witness my hand and seal of office.	day of February.
(inuxon	Amy Sosa	NUtani
Signature of officer administer	ing oath Printed name of officer administering oath	Title of officer administering cath
(2) Unsworn Declaratio	OR	
	•	
My name is	, and my date of birth is	
My address is		
Executed in	(street) (city) (state)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	County, State of, on the day of(month)	, 20 (year)
		,

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

19 FILER NAME 20 Filer ID (Ethics	Commission 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	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 1,018.88
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$1,018.88
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OI	н \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	s
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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)

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Relat

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee		Food/Beverag Gift/Awards/M Legal Services	emorials Expense			T T	ravel In Dist ravel Out Of	
The Instruction	Guide explains h	now to comp	lete this form.		USE A NEW P	AGE FOR EA	CH CREDI	T CARD ISSUER
1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME	VK	med	ina		3	FILER ID	(Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXP							\$	
5 CREDIT CARD ISSUER	Name of financi	al institution	l			,		,
6 PAYMENT	(a) Amount Charg	gedi (t	o) Date Expenditu	re Charged	(c) Date(s) Cre	dit Card Issuer	Paid	
	\$ 378.8	28	1/29/	ð4	2/	19/24	f.	
7 PAYEE	(a) Payee name Next U	evels	igns	(b) Payee add	dress; DAK/	awn City,	Please	State, Zip Code SUNTMIX 7800
8 PURPOSE OF	(a) Category (See	Categories listed	at the top of this sche	Jule)	(b) Description	1		
Political	Print	ng P	XOLN	P,	Ca	mpai	10	Signs
Non-Political	(c) Check i	f travel outside	of Texas. Complet	e Schedule T.		Check if Austin,	X, officehold	ler living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Office	ceholder nam	ne	Off	ice Sought		Off	ice Held
PAYMENT	(a) Amount Charg	ged (t) Date Expenditu	re Charged	(c) Date(s) Cre	dit Card Issuer	Paid	
	\$ 300.	CO	1/29/	24	2/1	9/24	+	
PAYEE	(a) Payee name	HUN E	xpress	(b) Payee add	dress; Gadw	in St.	Plea	State, Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (see	Categories listed	at the top of this sche EXPC	ive)	(b) Description	in f	ape	N"
Non-Political	(c) Check i	f travel outside	of Texas. Complet	e Schedule T.		Check if Austin,	TX, officehol	der living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Offic	ceholder nam	ne	Off	ice Sought		Off	ice Held
PAYMENT	(a) Amount Charge \$ 340.		Date Expenditu	_	(c) Date(s) Cre	dit Card Issuer	Paid	
PAYEE	(a) Payee name	ntun T	Zyrqx3	(b) Payee add	dress;	wnst	. Plec	State, Zip Code
PURPOSE OF EXPENDITURE Political Non-Political	Adver	ton	at the top of this sched	ensc	(b) Description	n Po	pl	older living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Office				ice Sought	GIEGA II AUSU		ice Held
	ATTACH	I ADDITIC	NAL COPIE	S OF THIS	SCHEDULE	AS NEED!	ĒD	

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/ContractLabor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
Total pages Schedule G:	2 FLERNAME Meding		3 Filer ID (Ethics C	ommission Filers)
2/19/24	5 Rayee name RBFC M			
Amount (\$)	7 Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended	(TL/ '	ersal city	TX 181	48
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	Advertis	emont
EXPENDITURE	(c) Check if travel outside of Texas. Complete Schedule T.	Check If Austin,	TX, officeholder living exp	
complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate / Officeholder name	Office sought		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>QNLY</u> if direct expenditure to benefit 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	Category (See Categories listed at the top of this schedule)	Description		
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	ı, TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OF	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	DED	

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

_			
		The Instruction Guide explains how to complete this for	m.
_		Complete only if "Report Type" on page 1 is marked "Fina	al Report" ↔
1	C/OH N	Mark Meding	2 Filer ID (Ethics Commission Filers)
3	SIGNA		i
	designa	 	nderstand that I may not accept any
4	FILER	WHO IS NOT AN OFFICEHOLDER	
	Com	plete A & B below only if you are not an officeholder. ••	
	A.	CAMPAIGN FUNDS	
	Chec	coniy one:	
		I do not have unexpended contributions or unexpended interest or income earned from	om political contributions.
		I have unexpended contributions or unexpended interest or income earned from political may not convert unexpended political contributions or unexpended interest or incompersonal use. I also understand that I must file an annual report of unexpended contributions or unexpended interest or income earned on political contributions that I must dispose of unexpended political interest or income earned on political contributions in accordance with the requirement	me earned on political contributions to contributions and that I may not retain ributions longer than six years after all contributions and unexpended
	B.	ASSETS	
	Chec	k only one:	
		I do not retain assets purchased with political contributions or interest or other incom-	e from political contributions.
		I do retain assets purchased with political contributions or interest or other income from that I may not convert assets purchased with political contributions or interest or other personal use. I also understand that I must dispose of assets purchased with political requirements of Election Code, § 254.204.	r income from political contributions to all contributions in accordance with the
		N	e Mi
		S	ignature of Candidate
;		EHOLDER plete this section only if you are an officeholder •• I am aware that I remain subject to filing requirements applicable to an officeholder who dile. I am also aware that I will be required to file reports of unexpended contributions if, an officeholder, I retain political contributions, interest or other income from political contributions.	after filing the last required report as
		political contributions or interest or other income from political contributions.	gnature of Officeholder



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2024, a candidate or officeholder who has accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in <u>any</u> calendar year must file all subsequent reports electronically.

OFFICE	OFFICE USE ONLY					
Date Received	,					
Date Hand-delivered	or Date Postmarked					
Receipt #	Amount\$					
Date Processed	<u></u>					
Date Imaged						

- FIRMARK Medina
- 1. I swear or affirm that I have not accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in a calendar year.

Filer ID#

- 2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom a contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$32,810 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 5. I am filing this affidavit with the And behave being the port due on I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit	AMY SOSA Notary ID #128465980 My Commission Expires April 29, 2027	·	1	Signature		, ~
~ .(before me by MACC M which, witness my hand and seal of or ring oath Printed na			the <u>7</u> (<i>\</i> \\\\	Flbruary, 2ry er administering oath
		OR				-
(2) Unsworn Declaratio	r r		<u>.</u>	—· · · · · ·		
My name is		, and	my date of bir	this		
My address is	(street)		(city)	(state)	(zip code)	(country)
Executed in	County, State of	, on the		-		
			Sigr	nature of Fil	ler (Declarant)

FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

			1 Filer ID (Ethics Commission Filers)	2 Total pages fled:
	Guide explains how	to complete this form.	1 FHEI ID (EURO OUMMASON FREIS)	2 Total pages filed: 7
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR M	FIRST Mark	мі <i>П</i>	OFFICE USE ONLY
	NICKNAME	Medina	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	: APT / SUITE #;	CITY; STATE; ZIP CODE	Date Received SCOSA COUNTY FILE (1 5
Change of Address	1853 Ver	di Kd Yle	asanten Tx 78064	$1 \cdot CS_{\alpha} / C$
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Handleling of The Stranked
6 CAMPAIGN TREASURER	MS/MRS/MR Mrs.	FIRST Betty	MI	Receipt # Amount \$
NAME	NICKNAME	LAST	CHETTY	Date Processed
	NICKIAME	Persyn	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS		(NO PO BOX PLEASE); APT / S	~	STATE; ZIP CODE
(Residence or Business)	6684 1	Vorth US 281	Versanton	TX 78064
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15	30th day before e		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 COVERED	Month	Day Year	Month	Day Year
	1,	/ 1 / 2024	THROUGH /	125/2024
11 ELECTION	ELECTION DA Month Day	TE Primary	ELECTION TYPE Runoff Other	
	1	1 —	Description Special	
	3/5/	2024		
12 OFFICE	OFFICE HELD (if any)		At Sea Ca Cara	nty Constable Pet. 1
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURE	ACCEPTED OR POLITICAL EXPENDITURES IN S MAY HAVE BEEN MADE WITHOUT THE CAND	ADE BY POLITICAL COMMITTEES TO SUPPORT MODATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY 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	EASURER ADDRESS	
	1			
		GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

· · · · · · · · · · · · · · · · · · ·					
15 C/OH NAME			16 File	r 10 (Ethics Com	mission Filers)
Mar	K Medina				
17 CONTRIBUTION 1. TOTALS	TOTAL UNITEMIZED POLITICA PLEDGES, LOANS, OR GUAR CONTRIBUTIONS MADE ELEC		'HAN	\$ 2	9
2.		BUTIONS ANS, OR GUARANTEES OF LOA	INS)	\$ 2	
EXPENDITURE TOTALS 3.	TOTAL UNITEMIZED POLITICA	AL EXPENDITURE.		\$ 136	.27
4.	TOTAL POLITICAL EXPEND	DITURES		\$ 136	. 27
CONTRIBUTION 5. BALANCE	TOTAL POLITICAL CONTRIBU OF REPORTING PERIOD	TIONS MAINTAINED AS OF THE	LAST DAY	\$ 2) —
OUTSTANDING 6	TOTAL PRINCIPAL AMOUNT C LAST DAY OF THE REPORTIN	OF ALL OUTSTANDING LOANS A	AS OF THE	\$ 0	
	or affirm, under penalty of perjury, to be reported by me under Title 15.		s true and c	orrect and includ	des all information
4	, ,		~ /	Mul	. •
•				or Officeholder	
700	Please Colli	plete either option be	:10 w .		
(1) Affidavit	AMY SOSA Notary ID #128465980 My Commission Expires				
0	April 29, 2027				
NOTARY STAMP/SEAL	1/10	1.	~ T		-1
Sworn to and subscribed befo	re me by <u>Maric M</u>	edina this	s the <u>5</u>	day of	yruary.
20 Z , to certify whic	h, witness my hand and seal of office.	_		مايدام	~ <i>l</i>
Mues son	Fmy St	<u>5a</u>		Dota	74
Signature of offiger administering	path Printed name of c	officer administering oath		Title of officer	administering oath
		116			
(2) Unsworn Declaration					
My name is		, and my date of t	oirth is		<u></u>
1			_,	·· _	 '
	(street)	(city)	(state)	(zip code)	(country)
Executed in	County, State of	on the day of _	(month)	, 20 (year)	
		Signature of	Candidate/O	fficeholder (Deci	arant)

SUBTOTALS - C/OH

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
Mark Median	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS .	\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	2
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	s
4. SCHEDULE E: LOANS	s
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	\$ 136.27
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUI	\$ 136.27 NDS \$ 136.27
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH 5
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS \$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT	TIONS RETURNED \$

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

,	EXPE	NDITURE CATE	GORIES	FOR BOX 10)(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi	nse age Expense Memorials Expense ces	Office Ov Polling E Printing I	verhead/Rental Ex expense Expense				nt & Related Expense	
The Instruction	Guide explains how to co	nplete this form.		USE A NEW P	AGE FOR EA	CH CREDI	T CARD	ISSUER
1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME	K Medine	•		3	FILER ID	(Ethics C	Commission Filers)
4 TOTAL OF UNITEMIZED EXP	ENDITURES CHARGED TO A	CREDIT CARD			ļ	\$		
5 CREDIT CARD ISSUER	Name of financial instituti	on						
6 PAYMENT	(a) Amount Charged	(b) Date Expenditure	e Charged	(c) Date(s) Cree	dit Card Issuer	Paid		
	\$ 64.95	1/3/24			1/19/24	<u> </u>		
7 PAYEE	(a) Payee name Next Leve	Signs +	(b) Payee ad	dress; Oaklawa	City, Plea	sauten	State,	78864
8 PURPOSE OF	(a) Category (See Categories lis	ted at the top of this schedu	ile)	(b) Description		•	7	
EXPENDITURE	Printing 8	expense		Decals	for (Campi	' 74 -	Signs
Political Non-Political		side of Texas. Complete	Schedule T.		Check if Austin,			хрепѕе
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder i			fice Sought		Of	fice Held	
PAYMENT	(a) Amount Charged	(b) Date Expenditur	e Charged	(c) Date(s) Cre		r Paid		
	\$ 71.32	1/6/24		1/	19/24			
PAYEE	(a) Payee name	- 	(b) Payee ac	ldress;	City		State,	Zip Code
·	MG Building	Materials	1734	W. Oakla	wn P	leasant	on [× 78064
PURPOSE OF	(a) Category (See Categories li	sted at the top of this schedu	ule)	(b) Description	n	_	•	_
EXPENDITURE Political	Advertising	Dx pinse		T- Po!	st for	Ca	mpalg	n Signs
Non-Political	(c) Check if travel out	side of Texas. Complete	Schedule T.		Check if Austin	, TX, officeho	ilder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder	name	O	ffice Sought	-	Of	fire Held	
PAYMENT	(a) Amount Charged	(b) Date Expenditu	re Charged	(c) Date(s) Cre	edit Card Issue	r Paid		
PAYEE	(a) Payee name		(b) Payee a	ddress;	City	1.	State,	Zip Code
								
PURPOSE OF EXPENDITURE	(a) Category (See Categories &	isted at the top of this sched	ule)	(b) Descriptio	on			
Political Non-Political	(c) Check if travel ou	tside of Texas. Complete	Schedule T.		Check if Aus	tin, TX, office	holder livin	ng expense
Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder	name	0	office Sought		0	ffice Held	
	ATTACH ADDI	TIONAL COPIES	S OF THIS	S SCHEDULI	E AS NEED)ED		

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 Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Transportation Equipment & Related Expense rees Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel in District Contributions/Donations Made By Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee nies/Wages/Contract Labor Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Mark Medine 5 Payes name 4 Date RBFLM 6 Amount (\$1 7 Pavee address: City: State: Zip Code 8 134.27 political contributions P.O. Bux 2097 Universal Cit (a) Category (See Categories listed at the top of this schedule) 8 PURPOSE OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Oate Payee name Amount (\$) Payee address; City: State: Zip Code political contributions intended Category (See Categories listed at the top of this schedule) Description PURPOSE EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Candidate / Officeholder name Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City: State: Zip Code Reimburgement from political contributions intended Category (See Categories listed at the top of this schedule) Description PURPOSE EXPENDITURE Check if Iravel outside of Texas, Complete Schedule T. Check of Austin, TX, officeholder fiving 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

CANDIDATE/OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

		The Instruction Guide explains how to complete	
		- Complete only if "Report Type" on page 1 is marked	1 "Final Report" +
1	C/OH N	AME	2 Filer ID (Ethics Commission Filers)
		Mark Mediae	
3	SIGNA		<u></u>
	designa	expect any further political contributions or political expenditures in connection ing a report as a final report terminates my campaign treasurer appointment, n contributions or make any campaign expenditures without a campaign treas	I also understand that I may not accept any
		<u>.</u>	Signature of Candidate / Officeholder
		•	
4		WHO IS NOTAN OFFICEHOLDER plete A & B below only if you are not an officeholder. ••	
	•• Com	piete A a B below <i>omy a you</i> are not an outcanolice	
	A.	CAMPAIGN FUNDS	
	Checl	only one:	
		I do not have unexpended contributions or unexpended interest or income ea	arned from political contributions.
	ليا	I have unexpended contributions or unexpended interest or income earned from may not convert unexpended political contributions or unexpended interest personal use. I also understand that I must file an annual report of unexpunexpended contributions or unexpended interest or income earned on politifiling this final report. Further, I understand that I must dispose of unexpended interest or income earned on political contributions in accordance with the re-	or income earned on political contributions to bended contributions and that I may not retain ical contributions longer than six years after ed political contributions and unexpended
	В.	ASSETS	
	Chec	conly one:	
		I do not retain assets purchased with political contributions or interest or oth	er income from political contributions.
		I do retain assets purchased with political contributions or interest or other in that I may not convert assets purchased with political contributions or interest personal use. I also understand that I must dispose of assets purchased with requirements of Election Code. § 254.204.	st or other income from political contributions to the political contributions in accordance with the
			Signature of Candidate
5		EHOLDER splete this section <i>only</i> if you are an officeholder **	
		I am aware that I remain subject to filing requirements applicable to an officeholder. I am also aware that I will be required to file reports of unexpended contributions of interest or other income from political contributions or interest or other income from political contributions.	butions if, after filing the last required report as slitical contributions, or assets purchased with
		***************************************	Signature of Officeholder



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2024, a candidate or officeholder who has accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in any calendar year must file all subsequent reports electronically.

OFFICE	JSE ONLY
Date Received	
Date Hand-delivered	or Date Postmarked
Receipt #	Amount \$
Date Processed	
Date Imaged	
·	

- Filer name

 Filer ID #
- 1. I swear or affirm that I have not accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in a calendar year.
- 2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$32,810 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- records of political contributions, political expenditures, or persons making political contributions to me.

 5. I am filing this affidavit with the 30th day before electroport due on 2/5/24

 I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete	e either option below:					
(1) Affidavit	AMY 505A Notary ID #128465980 My Commission Expires April 29, 2027 AL		Na	Signatur	M.e of Filer	
Sworn to and subscribed	d before me by Mark med	lino	thi	s the	day of	ebruary.
20 20 , to certify	y which, witness my hand and seal of off ————————————————————————————————	fice.			Nota	′
Signature of officer adminis	tering oath Printed na	ne of officer administe	ering oath		Title of office	r administering oath
		OR				
(2) Unsworn Declarati	ion					
My name is		, and	d my date of b	irth is		
My address is						
	/nt-not1		(city)	(state)	(zip code)	(country)
Executed in	County, State of	, on the	day of		, 20	
				(month)	(year)	
		·	Siç	gnature of Fi	ler (Declarant)	

FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER

CANDIDA		E REPORT	.			ORM C/OH HEET PG 1
The C/OH Instruction G	uide explains how to	o complete this form.	1 Filer ID (Ethics Comm	nission Filers)	2 Total pages fil	ed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR Mr.	FIRST Mark	м	· .	OFFICE	USE ONLY
NAME	NICKNAME	Medina Medina	s	UFFIX	Coco SA C	OUNT
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY: STATE: Z Pleasanton, TX	Į.		2021
Change of Address	AREA CODE	PHONE NUMBER	EXTENSION		XXECTI	ONS
5 CANDIDATE/ OFFICEHOLDER PHONE) , AREA CODE	FRONE NUMBER	D. E. C. C.		Date Han dervered	Date Postmarked
6 CAMPAIGN	MS / MRS / MR	FIRST	N	ΛI	Receipt #	Amount \$
TREASURER NAME	Mrs	Belty			Date Processed	
	NICKNAME	LAST	S	SUFFIX	Date Imaged	
		Persyn			CTATE:	710 CODE
7 CAMPAIGN TREASURER ADDRESS		O PO BOX PLEASE, APT			STATE;	ZIP CODE
(Residence or Business)	6684 No	th US281	Pleaso	inton	TX	78064
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
9 REPORT TYPE	January 15	30th day befor	re election Runoff	· -		fter campaign ppointment er Only)
	July 15	8th day before	election Exceede Reportir	ed Modified ng Limit	Final Repo	rt (Attach C/OH - FR)
10 PERIOD COVERED	Month 7	Day Year / 24 / 2023	THROUGH	Month 12	Day Yea	
11 ELECTION	ELECTION DAY Month Day	Year Prima	ary Runoff	Other Description		
12 OFFICE	OFFICE HELD (If any)		13 OFFICE SOU Atasas			table Pet. 1
14 NOTICE FROM POLITICAL	THE ALVENDANCE LARGE	cursings Turce EVACUATI	ONS ACCEPTED OR POLITICAL EXI URES MAY HAVE BEEN MADE WITH QUIRED TO REPORT THIS INFORMA	PENDITURES N	IADE BY POLITICAL CO	MMITTEES TO SUPPORT
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				•
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN	TREASURER NAME			
		COMMITTEE CAMPAIGN	TREASURER ADDRESS			
	GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

	_ 			
15 C/OH NAME			16 Filer	r ID (Ethics Commission Filers)
Mai	-K Medina			(nercy
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED PO PLEDGES, LOANS, OR CONTRIBUTIONS MADI	DLITICAL CONTRIBUTIONS (OTHER GUARANTEES OF LOANS, OR E ELECTRONICALLY)	R THAN	\$ 400 =
	2. TOTAL POLITICAL CO	ONTRIBUTIONS S, LOANS, OR GUARANTEES OF LO	OANS)	\$ 400
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED PO	LITICAL EXPENDITURE.		\$ 1,804.62
• • • • • • • • • • • • • • • • • • • •	4. TOTAL POLITICAL EX	PENDITURES	,	\$ 1,804.62
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONT OF REPORTING PERIOD	TRIBUTIONS MAINTAINED AS OF TH	HE LAST DAY	\$ O
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOI LAST DAY OF THE REPO	UNT OF ALL OUTSTANDING LOANS ORTING PERIOD	AS OF THE	\$ O
18 SIGNATURE I s	wear, or affirm, under penalty of per quired to be reported by me under Title	rjury, that the accompanying report e 15, Election Code.	is true and co	rrect and includes all information
		Mer.	NN	
			of Candidate of	
(1) Affidavit	AMY SOSA	omplete either option b	elow:	
NOTARY STAMP/SEAL	Notary ID #128465980 My Commission Expires April 29, 2027			
Sworn to and subscribed	before me byMark	Medina this fice.	s the 16th	day of January,
20, to certify to	which, witness my hand and seal of off	rice. 5056		Notaru
Signature of officer administer	da = 11 - 41 - 1	of officer administering oath		Title of officer administering oath
		OR		
(2) Unsworn Declaration	γn			
My name is		, and my date of bi	irth is	·
My address is				
	(street)	(city)	(state) (zip code) (country)
Executed in	County, State of	, on theday of (i	month)	_, 20 (year)
		Signature of C	Candidate/Office	holder (Declarant)

SUBTOTALS - C/OH

19 FILER NAME						
15		20 Filer ID (Ethics Commission Filers)				
	Mark Medina					
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT				
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTR	BUTIONS \$ 400 =				
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$				
4.	SCHEDULE E: LOANS	\$				
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM PO	DLITICAL CONTRIBUTIONS \$				
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$				
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM	POLITICAL CONTRIBUTIONS \$				
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 1,080.31				
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PER	RSONAL FUNDS \$ 724.31				
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBU	TIONS TO A BUSINESS OF C/OH \$				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM PO	OLITICAL CONTRIBUTIONS \$				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND TO FILER	CONTRIBUTIONS RETURNED \$				

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

					
ne Instruction Guide explains how to complete this form	٦.	1 Total pages Schedule A2:			
E Mark Medina		3 Filer ID (Ethics Co	mmission Filers)		
F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$			
3550 CR 430 Pleasanton, TX	Contribution \$ # 400 ==	le In-kind contribution description description 24"x/6" Sins 50 de of Texas. Complete Schedule T.			
supation / Job title (FOR NON-JUDICIAL) (See Instructions)	If Employe	SI (FOR NON-JUDICI	AL)(See Instructions)		
s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL)(See Instructions)		
employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)		
r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Full name of contributor	Zip Code	Amount of Contribution \$	i In-kind contribution description In-kind contribution In-kind		
Legion / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe		· '		
s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)		
s employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)				
r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
ATTACH ADDITIONAL COPIES OF T	'HIS SCHEDI	JLE AS NEEDED			
	F UNITEMIZED IN-KIND POLITICAL CONTRIE 6 Full name of contributor	F UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor	Semployer/law firm of contributor out-of-state PAC (ID#: Designs Semployer/law firm (FOR NON-JUDICIAL) Semployer/law firm (FOR JUDICIAL) Semployer/law firm of contributor's spou		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

	EXPENDITURE CATEGO	ORIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	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 Out Of District Other (enter a category not listed above)
	The Instruction Guide explains	-	Office (critici à valicyony not noted access)
1 Total pages Schedule F4:	2 FILER NAME Mark Medina		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IIZED EXPENDITURES CHARGED TO	OACREDIT CARD	\$ 95.23
5 Date 123	6 Payee name Next Level Signs	+ Designs	
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
\$ 768.58	1612 W Oaklawn	Pleasanton,	TX 78064
9 TYPE OF EXPENDITURE	Political	Non-Political	
10	(a) Category (See Categories listed at the top of this sch	hedule) (b) Description	
PURPOSE OF Expenditure	Advertising Expense	Campa	ign Signs
	(c) Check if travel outside of Texas. Complete Sche	edule T. Check if Au	ustin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 17/8/23	Printing Solutions		
Amount (\$)	Payee address;	City;	State; Zip Code
\$216.50	113 E San Antonio St	Lockha	-+ TX 78644
TYPE OF EXPENDITURE	Political	Non-Political	
	Category (See Categories listed at the top of this sch	hadule) Description	
PURPOSE OF Expenditure	Advertising Expense	Camp	laign Signs
	Check if travel outside of Texas. Complete School		ustin, TX, officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NE	EDED

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 Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Contributions/Donations Made By Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Mark Medina 5 Payee name 5 Payee name Atascosa County Republican Party 7 Payee address; City 4 Date 11 11 23 6 Amount (\$) Zip Code **1** 375 Reimbursement from political contributions intended (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE 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 Pavee name Country Girl Designs 17/10/23 Payee address: Amount (\$) City: Zip Code State: \$720.56 Reimbursement from political contributions 3550 CR 430 intended Category (See Categories listed at the top of this schedule) PURPOSE Campaign Signs OF Advertising Expense **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 Date Payee name RBFCU Pavee address: Amount (\$) City; State: Zip Code 1,080.31 Reimbursement from political contributions P.O. Box 2097 intended **PURPOSE** OF Credit Card Payment EXPENDITURE

Office held

Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Office sought

Check if travel outside of Texas. Complete Schedule T.

Candidate / Officeholder name

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

_	_	The last section Only	
		The Instruction Guide explains how to complete the Complete only if "Report Type" on page 1 is marked	
_	0/0/11		
7	C/OH N		2 Filer ID (Ethics Commission Filers)
3	SIGNA	Mark Medina	
•	SIGNA	AIURE	
	designa	ot expect any further political contributions or political expenditures in connection water a report as a final report terminates my campaign treasurer appointment. It aign contributions or make any campaign expenditures without a campaign treasured for the sum of	also understand that I may not accept any
4		RWHO IS NOT AN OFFICEHOLDER	
	Con	mplete A & B below <i>only</i> if you are not an officeholder. ••	
	A.	CAMPAIGN FUNDS	
	Chec	ck only one:	
	\square	I do not have unexpended contributions or unexpended interest or income earn	ned from political contributions.
		I have unexpended contributions or unexpended interest or income earned from may not convert unexpended political contributions or unexpended interest or personal use. I also understand that I must file an annual report of unexpended unexpended contributions or unexpended interest or income earned on political filing this final report. Further, I understand that I must dispose of unexpended interest or income earned on political contributions in accordance with the requirements.	r income earned on political contributions to nded contributions and that I may not retain I contributions longer than six years after political contributions and unexpended
	B.	ASSETS	
	Chec	¢k only one:	
		I do not retain assets purchased with political contributions or interest or other i	income from political contributions.
		I do retain assets purchased with political contributions or interest or other incomplete that I may not convert assets purchased with political contributions or interest of personal use. I also understand that I must dispose of assets purchased with personal use. I also understand that I must dispose of assets purchased with personal use. I also understand that I must dispose of assets purchased with personal use. I also understand that I must dispose of assets purchased with personal use.	or other income from political contributions to
			Signature of Candidate
5		CEHOLDER mplete this section <i>only</i> if you are an officeholder ••	
		I am aware that I remain subject to filing requirements applicable to an officeholder file. I am also aware that I will be required to file reports of unexpended contribution officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	ons if, after filing the last required report as
			Signature of Officeholder



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2024, a candidate or officeholder who has accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in any calendar year must file all subsequent reports electronically.

OFFIC	E USE ONLY
/0	E-USE ONLY COUNTY Plant - Stranked
Receipt #	Amount \$
Date Processed	
Date Imaged	

Filer name	11.	Filer ID #
MARK	Medina	

- 1. I swear or affirm that I have not accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in a calendar year.
- 2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$32,810 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 5. I am filing this affidavit with the January Seniagonal report due on January 16, 2024 I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit							
NOTARY ST. MR.	AMY SOSA Notary ID #12846598 My Commission Expire April 29, 2027			M	Signature	Av.	-
Swom to and subscribed				th	is the 3th	dayof /	February.
20 7 , to dertify Why Signature of officer administe	which, witness my hand an		SOS 0 of officer administe			Notai	,
			OR				
(2) Unsworn Declaratio	on						
My name is			, and	d my date of b	airth is		
My address is				,			
	(street)			(city)	(state)	(zip code)	(country)
Executed in	County, State of	f	, on the	day of		2 0	
					(month)	(year)	
 				Sig	gnature of Fil	er (Declarant)	
EU C	DOMINO ADD EVEL	IDT COOL					

FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER