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. MS / MRS / MR 3 CANDIDATE/ OFFICE USE ONLY **OFFICEHOLDER** NAME COSA 4 CANDIDATE/ ADDRESS / PO BOX: **OFFICEHOLDER** MAILING **ADDRESS** Change of Address EXTENSION AREA CODE PHONE NUMBER 5 CANDIDATE/ **OFFICEHOLDER** PHONE Amount \$ MS / MRS / MR 6 CAMPAIGN TREASURER Date Processed NAME NICKNAME Date Imaged STATE: ZIP CODE CAMPAIGN fleasanton, TX **TREASURER ADDRESS** (Residence or Business) EXTENSION PHONE NUMBER AREA CODE 8 CAMPAIGN TREASURER **PHONE** 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) **Exceeded Modified** Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Daγ COVERED 01/26/24 THROUGH **ELECTION TYPE ELECTION DATE** 11 ELECTION Runoff Other Day Year Description General Special 12 OFFICE OFFICE HELD (if any) 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 NAME COMMITTEE TYPE 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 COVER SHEET PG 2

5 C/OH NAME REX L.	Newman Jr.		16 Filer ID (Ethics Commission Filers)
7 CONTRIBUTION TOTALS		L CONTRIBUTIONS (OTHER THA INTEES OF LOANS, OR TRONICALLY)	s D,00
•	2. TOTAL POLITICAL CONTRIE (OTHER THAN PLEDGES, LOAD	BUTIONS NS, OR GUARANTEES OF LOAN	\$ 0,00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICA	L EXPENDITURE.	\$ 0,00
	4. TOTAL POLITICAL EXPEND	ITURES	\$ 0,00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUT	TIONS MAINTAINED AS OF THE L	AST DAY \$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT O LAST DAY OF THE REPORTIN	F ALL OUTSTANDING LOANS AS G PERIOD	\$ 0,00
18 SIGNATURE 1	swear, or affirm, under penalty of perjury, t	hat the accompanying report is	true and correct and includes all informatio
re	equired to be reported by me under Title 15, E	Election Code.	
		Signature of	Candidate or Officeholder
	Please comi	olete either option bel	ow:
	i icase som	Note officer observed	
(1) Affidavit			
NOTARY STAMP/SE	·ΔΙ		
Sworn to and subscribe	ed before me by	this	the day of
20, to certi	ify which, witness my hand and seal of office.		
Signature of officer adminis	stering oath Printed name of c	fficer administering oath	Title of officer administering oat
		OR	
(2) Unsworn Declara	etion		
	, //	_	22/22/201
My name is <u>KCX</u>	L. Newman Vo	and my date of bir	th is 02/10/1969
My address is 4/3	Winship Rd.	Pleasanton	7X 78064 US
iviy address is	(street)	(city)	(state) (zip code) (country)
Executed in		on the day of	, 20
			nonth) (year)
		Signature of a	andidate/Officeholder (Declarant)
1		Signatore	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

RPY L. Verman Jr.	ssion Filers)	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	0	
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		0
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0
4. SCHEDULE E: LOANS		0
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COI	NTRIBUTIONS	0
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		0
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	s <i>O</i>
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ <u></u>
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUI	NDS	\$ <u>O</u>
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	s O
11. SCHEDULE 1: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	s <u>O</u>
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	s <i>O</i>

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. MS / MRS / MR 3 CANDIDATE / м OFFICE USE ONLY **OFFICEHOLDER** NAME Date Rocepe OSA CO SUFFIX 4 CANDIDATE / **OFFICEHOLDER** MAILING **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION **OFFICEHOLDER** PHONE MS / MRS / MR 6 CAMPAIGN **TREASURER** NAME Date Processed NICKNAME Date Imaged 7 CAMPAIGN ZIP CODE , Pleasanton, TX TREASURER **ADDRESS** (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER 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 THROUGH 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Other Description 03/05/ General 12 OFFICE OFFICE HELD (if any) 13 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 OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM **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 COVER SHEET PG 2

15 C/OH NAME REX L.	Newman Jr.	16	Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL C PLEDGES, LOANS, OR GUARANTI CONTRIBUTIONS MADE ELECTRO	EES OF LOANS, OR	s D,00
	2. TOTAL POLITICAL CONTRIBUT (OTHER THAN PLEDGES, LOANS,		\$ 0,00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL É	XPENDITURE.	\$ 0,00
	4. TOTAL POLITICAL EXPENDITU	RES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD	NS MAINTAINED AS OF THE LAST	DAY \$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF A LAST DAY OF THE REPORTING P	LL OUTSTANDING LOANS AS OF T ERIOD	* O,00
	swear, or affirm, under penalty of perjury, that equired to be reported by me under Title 15. Elec		and correct and includes all information
		Signature of Cand	didate or Officeholder
	Please comple	te either option below:	
(1) Affidavit			
NOTARY STAMP/SÉ	AL		
Sworn to and subscribe	d before me by	this the _	day of,
20, to certi	fy which, witness my hand and seal of office.		
Signature of officer adminis	stering oath Printed name of office	or administering oath	Title of officer administering oath
		DR	
(2) Unsworn Declara	L. Newman Jr.	and my date of birth is	02/10/1969
My address is 4/3	Winship Rd.	Yleasan lon	/X. 78064 // // (zip code) (country)
Executed in	(street) County, State of	• ••	, 20
		Signatore of candid	ate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

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

www.ethics.state.tx.us

FORM C/OH CANDIDATE / OFFICEHOLDER **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT 2 Total pages filed: 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. OFFICE USE ONLY MS / MRS / MR 3 CANDIDATE/ OFFICEHOLDER NAME 4 CANDIDATE / Rd., Pleasanton TX OFFICEHOLDER MAILING **ADDRESS** Change of Address **EXTENSION** PHONE NUMBER AREA CODE 5 CANDIDATE/ **OFFICEHOLDER** Amount \$ PHONE Receipt # MS / MRS / MR 6 CAMPAIGN Date Processed TREASURER NAME Date Imaged STATE: 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) EXTENSION PHONE NUMBER ARFA CODE CAMPAIGN **TREASURER** (210) 422-7203 PHONE 15th day after campaign 30th day before election Runoff 9 REPORT TYPE January 15 treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR) **Exceeded Modified** 8th day before election July 15 Reporting Limit 10 PERIOD 12/31/23 07/01/23 COVERED THROUGH ELECTION TYPE **ELECTION DATE** 11 ELECTION Runoff Other Description Dav Special OFFICE HELD (if any) 12 OFFICE 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

CANDIDA I CAMPAIGN	E / OFFICEH N FINANCE H	REPORT				R SHEE	
C/OH NAME D		man Jr.		16	Filer ID (E	Ethics Commiss	sion Filers)
CONTRIBUTION TOTALS	1. TOTAL UNIT	TEMIZED POLITICAL C LOANS, OR GUARANT TIONS MADE ELECTRO	EES OF LOANS, OR	HER THAN	\$	0	
	A TOTAL BOL	ITICAL CONTRIBUTAN PLEDGES, LOANS,	TIONS	F LOANS)	\$	0	
EXPENDITURE TOTALS	3. TOTAL UNIT	TEMIZED POLITICAL E	EXPENDITURE.		\$	0	
	4. TOTAL POI	LITICAL EXPENDIT	URES		\$	3,74	1.24
CONTRIBUTION BALANCE	5. TOTAL POL OF REPORT	ITICAL CONTRIBUTIO	NS MAINTAINED AS C	OF THE LAST	DAY \$	0	
OUTSTANDING LOAN TOTALS	6. TOTAL PRII	NCIPAL AMOUNT OF A OF THE REPORTING	ALL OUTSTANDING LO	DANS AS OF	THE \$	0	
			Sign	ature of Car	ndidate or (Officeholder	
1) Affidavit		Please compl				Officeholder	
NOTARY STAMP/S			ete either optic	on below	/ :		
NOTARY STAMP/S	SEAL		ete either optic	on below	/ :		
Sworn to and subscrib	ned before me byrtify which, witness my har	nd and seal of office.	ete either optic	on below	/ :	day of	administering oa

1 1 .

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

20 Filer ID (Ethics Con	nmission Filers)
19 FILERNAME Rex L. Newman Jr.	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <u>0</u>
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4. SCHEDULE E: LOANS	\$ <i>Q</i>
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	s <i>O</i>
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ Q
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 3,741.24
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

				ND DOY 9/-\		
	E	XPENDITURE CATE				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C	Fees Food/ Gift/A	Expense Beverage Expense wards/Memorials Expense Services	Office Overho Polling Exper Printing Expe		Solicitation/Fundraisin Transportation Equipm Travel In District Travel Out Of District Other (enter a categor	ent & Related Expense
Credit Card Payment	The	Instruction Guide explai	ins how to co	mplete this form.		
Total pages Schedule G: 2	FILER NAME	Naman	Jc		3 Filer ID (Ethics	Commission Filers)
3	Kex L.	Napivari				
4 Date 9/7/23 5	Payee name	iton Expi	255	City	State:	Zip Code
Reimbursement from political contributions	Payee address P. D. BoX	380	Plea	santan	TX	78069
intended	-) Catagoni (Sas)	Categories listed at the top of this	s schedule)	(b) Description	·	
PURPOSE OF	News 00	ADER		advertis	119	
EXPENDITURE	(c) Check	f travel outside of Texas. Complete	Schedule T.	Check if Austin	1. TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OH	· <u> </u>	Officeholder name		Constable	Pct4	Office held //#
	1/2//-	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
8/17/23	Payee name	phics Stud	lio_			7:- Codo
Amount (\$) 925,14 Reimbursement from political contributions	Payee addres	nelissa Di	·.	Keller	State;	76262
intended	Category (Se	a Categories listed at the top of t	his schedule)	Description		
PURPOSE	1	+ 6100		Brachy	r06	
OF EXPENDITURE	HAVEI	1171719		DIOCILL	tin, TX, officeholder living	
<u> </u>	<u> </u>	k if travel outside of Texas. Comple	te Schedule T.		aun, 1X, dincendider nem	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/C	0 .	/ Officeholder name	Jr.	Constable	e Pct 4	NA
	Payee name					
9/8/23	3d 5 is	ans			State;	Zip Code
Amount 35 . 10 Reimbursement from political contributions	Payee addre	1st 5t.	5	omerset	TX	78069
intended	Category (S	ee Categories listed at the top of	this schedule)	Description		
PURPOSE OF	Adver	tising		Signs		
EXPENDITURE	Chi	eck if travel outside of Texas. Comp	lete Schedule T.	Check if A	ustin, TX, officeholder livi	
Complete ONLY if direct expenditure to benefit C/OH	Candidat	e / Officeholder name	TC.	Office sought	le Pct 4	Office held
Į.	NOX "	· JUUN II WILL	<u></u>			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Politing Expense Travel I no listrict Gith/Awards/Memorials Expense Printing Expense Travel Out Of District Other (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule G: 2	FILER NAME REX L. Newman Jr. 3 Filer ID (Ethics Commission Filers)
12 13 23	3 d 51415
Reimbursement from political contributions intended	Payee address; State: Zip Code 7986 15+5+. Somerset TX 78069
8 PURPOSE OF EXPENDITURE	(a) Category (See Calegories listed at the top of this schedule) (b) Description (c) Check if travel outside of Texas. Complete Schedule T. (c) Check if Lastin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Rex L. Newman Jr. Constable Pct 4 NIA
Date /1/11/23	Republican Party
Amount (\$) 3 \ 5 \ 00 Reimbursement from political contributions intended	Payee address; City: State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FLES Check if travel outside of Texas. Complete Schedule T. Description Filing FLE Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Office holder name Office sought Office held
Date 16/23	Pleasanton Express City: State; Zip Code
Amount (\$) Reimbursement from political contributions intended	Payee address: P.D. Box 880 Pleasanton TX 78064
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Office sought NH
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED