CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how t	o complete this form.	1 Filer ID (Ethics Comm	nission Filers)	2 Total pages fi	led:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	βIRST	Charles	11	OFFICE Date Received	USE ONLY
	NICKNAME	baten	s	SUFFIX		e Co Elections
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	01.		IP CODE		1 6 2024 eceived
Change of Address	AREA CODE	PHONE NUMBER	UM TV 1 EXTENSION	8124		
5 CANDIDATE/ OFFICEHOLDER PHONE:	(820) 4	1399		· , ·	Date Hand-delivered	or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MAS	Mudison	Sim	mo.(Date Processed	
	NORNAME	Bater		. :	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (N	O PO BOX PLEASE); APT / S	SUITE #; CITY;	11	STATE;	ZIP CODE
(Residence or Business)	10/11 Win	d Carl Jel	Austin 1	514/	3	
8 CAMPAIGN TREASURER PHONE	AREA CODE (430) 4	33 IUS	EXTENSION			
9 REPORT TYPE	January 15	30th day before			treasurer a (Officehold	
8	July 15	8th day before e	lection Exceeds			ort (Allach C/OH - FR)
10 PERIOD COVERED	Month 12	Day Year / 11 / 23	THROUGH	Month	Day Yea	4
11 ELECTION	ELECTION DAT	Year Primary		Olher Description		
	3/5/	a4 Genera	Special			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOU	lo fe	f 4. Cons	table
14 NOTICE FROM POLITICAL COMMITTEE(S)	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.					
COMMITTEE(G)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TR	REASURER NAME			
		COMMITTEE CAMPAIGN T	REASURER ADDRESS			
		CO TC	DACE 2			
		GOTO	PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15	C/OH NAME	HARL	ES BATEY		16 Filer	ID (Ethics Com	nmission Filers)
17	CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHE PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	ER THAN		\$	
		2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF	LOANS)		\$ 10	O
• • •	EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.			\$	
		4.	TOTAL POLITICAL EXPENDITURES		,	\$	
	CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF OF REPORTING PERIOD	THE LAS	T DAY	\$ 10	O
	OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOA LAST DAY OF THE REPORTING PERIOD	NS AS OF	THE	\$ C	
18			ffirm, under penalty of perjury, that the accompanying repereported by me under Title 15, Election Code.	ort is true	e and co	rrect and inclu	des all information
	,,,,,						
			1 Br	2.1	_		
			- GO	Me	1		
			Signatu	ure of Ca	didate	or Officeholde	r
	Please complete either option below:						
				:			
(1) Affidavit						
TOLLIE MEHAFFEY Notary Public, State of Texas							
	NOTARY STAMP / SEAL	IN ID# 1	0.4				
S	worn to and subscribed	Commission Defore	202 Tailie Mihabbur	this the	15	_ day of	tonuary.
	o, to certify	which, w	ness my hand and seal of office.			Maha	<i>t. 1</i>
_	Tollie Mile	1		. :.		Till 16	Y
	gnature of officer administe		Printed name of officer administering oath			ritle of officer	radministering oath
		N/K	.or				
(2	2) Unsworn Declaration	on					
M	v name is		, and my date	of birth is	s		
1				-			
IN	y address is		(street) (city)		' - (state)	(zip code)	(country)
E	xecuted in					, 20(year)	
			Signature	of Candi	idate/Offi	ceholder (Dec	larant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Co	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 100
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	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

	Th	e Instruction Guide explains how to co	nplete this form.				
	FILER NAM	E		3 Filer ID (Ethics Commission Filers)			
	Date	Claym Bauer 6 Contributor address;	Verion TX	Zip Code	7 Amount of contribution (\$)		
	Principal oc	cupation / Job title (See Instructions)	9 Employ	er (See Instruction	ns)		
	Date .		ut-of-state PAC (ID#:	:	Amount of contribution (\$)		
	Principal oc	cupation / Job title (See Instructions)	Employ	rer (See Instruction	ons)		
	Date	Full name of contributor	ut-of-state PAC (ID#:		Amount of contribution (\$)		
		Contributor address;	City; State;				
	Principal o	cupation / Job title (See Instructions)	Emplo	yer (See Instructi	ons)		
	Date		out-of-state PAC (ID#:	Zip Code	Amount of contribution (\$)		
	Principal o	ccupation / Job title (See Instructions)	Emplo	yer (See Instructi	ons)		
-				j.			

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 Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	
1 Total pages Schedule F4:	2 FILER NAME 16 HALL O'MAIL GO BLAGY 3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED TO A CREDIT CARD \$
5 Date 2 15 23	6 Payee name 15t Source DIGITAL
7 Amount (\$)	8 Payee address; City; State; Zip Code
11660	4390 EFM 1518 Selma TY 78154
9 TYPE OF EXPENDITURE	Political Non-Political
10	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE OF EXPENDITURE	Advertising Expense Sign
EXPENDITORE	(C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held
Date	Payée name- S MUU DIGITAL
Amount (\$)	Payee address; City; State; Zip Code
649150	4290 E FM 1518 Selma TX 78254
TYPE OF EXPENDITURE	Political Non-Political
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the lop of this schedule) Description Campuign Signs
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name Office sought Office held
expenditure to benefit C/OH	
	[N.]
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED