	CANDIDAT CAMPAIGN		EHOLDER	¥ 1		FC COVER SH	ORM C/OH IEET PG 1
Tł	ne C/OH Instruction Gu	ide explains how to	complete this form.	1 Filer ID (Ethics C	ommission Filers)	2 Total pages file	ed: 6
(CANDIDATE / OFFICEHOLDER NAME	MS / MRS (MB)	FIRST Tim LAST	i		Date Received	
(CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX;	APT / SUITE #: MEADE S	CITY: STATE:	ZIP CODE		1 0 2024 ceived BM
	CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (210)	PHONE NUMBER	extens	ION	Date Hand-delivered Receipt #	or Date Postmarke
	CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Roy LAST		SUFFIX	Date Processed Date Imaged	ZIP CODE
7	CAMPAIGN TREASURER ADDRESS Residence or Business)		o po box please): APT /		etz	7x. 78	
8	CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENS	510N	15k day	after campaign
9	REPORT TYPE	Jaruary 15	30th day before	election E	unoff cceeded Mod fied aporting Limit	treasurer (Officehold	appointment der Only) ort (Attach C/OH - FR)
10	PERIOD COVERED	Month	Day Year	THROUGH		/-15/20	
11	ELECTION	ELECTION DA	Year Prima	ral Special	ELECTION TYP		
12	2 OFFICE	OFFICE HELD (if any)		Cor	E SOUGHT (if kno	PRECINC	+ #3
14	OTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTI THE CANDIDATE / OFFI CONSENT. CANDIDATE COMMITTEE TYPE	CE OF POLITICAL CONTRIBUTIC CEHOLDER. THESE EXPENDITL S AND OFFICEHOLDERS ARE RE COMMITTEE NAME	INS ACCEPTED OR POLITIC IRES MAY HAVE BEEN MAD QUIRED TO REPORT THIS IN	AL EXPENDITURES	INDIDATE'S OR OFFICEH F THEY RECEIVE NOTICE	OLDER'S KNOWLEDG OF SUCH EXPENDITU
	Additional Pages	GENERAL	COMMITTEE ADDRESS				
				O PAGE 2			

Forms provided by Texas Ethics Commission

Revised 11/15/2022

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	m D	Wolverton II	16 Filer I	ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$
	2.	T OTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 1000,00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$
	4.	TOTAL POLITICAL EXPENDITURES	1	\$ 3447,66
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS	TDAY	\$ 1000.00
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE	\$ \$
		rm, under penalty of perjury, that the accompanying report is true eported by me under Title 15, Election Code.	e and corr	rrect and includes all information
			11111 - 11 - 1	
		A feat	-	
		Signature of Ca	ndidate o	or Officeholder
		Please complete either option below	/:	
(1) Affidavit				
NOTARY STAMP/SEAL				
Sworn to and subscribed	before me	by this the		day of,
		ss my hand and seal of office.		
Signature of officer administer	ing oath	Printed name of officer administering oath		Title of officer administering oath
		OR		
(2) Unsworn Declaratio				0.5.7
My name is	Olin	Notversion I , and my date of birth is	07	-23-1915
My address is 3620	Mea	le ST Scherle 1	X . 7	18159, USA
				(zip code) (country)
Executed in Guadalup	<u>e</u> 0	ounty, State of Texas, on the 474 day of Jons	in any	20 <u>.24</u> . (year)
		Ja tot	T	
		Signature of Candid	late/Office	eholder (Declarant)

Forms provided by Texas Ethics Commission

SUB	ΤΟΤΑΙ	_S - (C/OH
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FORM C/OH COVER SHEET PG 3

19 FILEF	in D. Wolverton II	20 Filer ID (Ethics Co	mmissi	on Filers)
	OF SCHEDULE			SUBTOTAL AMOUNT
1. 2	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1000.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	3072.66
з. [SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	NTRIBUTIONS	\$	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL		\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9. L	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$	375,00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT	IONS RETURNED	\$	
		- -		

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME	Jim O. Wolverton II	3 Filer ID (Ethics Commission Filers)
Date	 5 Full name of contributor address; City; State; Zip Code 830 Ewelling Ln. New BrancebTX 78130 	7 Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor 🗌 out-of-state PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	stions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	ctions)
Date	Full name of contributor	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occu	upation / Job title (See Instructions) Employer (See Instru	ctions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS If contributor is out-of-state PAC, please see Instruction guide for additional	
ms provided by	Texas Ethics Commission www.ethics.state.tx.us	Revised 11/15

NON-MONETARY (IN-KIND) POLITICA CONTRIBUTIONS	AL		SCHEDULE A2
If the requested information is not applicable, DO NOT includ	e this page	in the report.	
The Instruction Guide explains how to complete this form	n.	1 Total pages Sched	ule A2:
2 FILER NAME Jim O. Wolverton II		3 Filer ID (Ethics Co	ommission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 3,007	66
5 Date 6 Full name of contributor 🗋 out-of-state PAC (ID#: 7 Contributor address; City; State;) Zip Code	8: Amount of Contribution \$	9 In-kind contribution description Political 819NS
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Check if travel outs	ide of Texas. Complete Schedule T. AL)(See Instructions)
Banker 12 Contributor's principal occupation (FOR JUDICIAL)	Sche	rtz Bank :	
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	ise (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date Full name of contributor out-of-state PAC (ID#: 1-20-J3 Roy W RichARD J Jr. Contributor address; City; State;	Zip Code	Amount of Contribution \$ 65	In-kind contribution description Business CARNS
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Check if travel outs	ide of Texas. Complete Schedule T. AL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL)		utor's job title (FOR JU	JDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firr	n of contributor's spou	ise (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
ATTACH ADDITIONAL COPIES OF T If contributor is out-of-state PAC, please see Instructi			g requirements.

Forms provided by Texas Ethics Commission

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PERSONAL		IDITURES MAD S			SC	HEDULE G
If the requested inf	formation is	not applicable, DO NOT	include this pa	ge in the rep	oort.	
		EXPENDITURE CAT	EGORIES FOR E	OX 8(a)		
ivertising Expense counting/Banking onsulting Expense ontributions/Donations Made Candidate/Officeholder/Politi edit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expl	Loan Repayment/R Office Overhead/R Polling Expense Printing Expense Salaries/Wages/C lains how to complet	ental Expense	Travel In District Travel Out Of District	pment & Related Expense
Total pages Schedule G:	2 FILER NA	D. Wolverto	n Th		3 Filer ID (Ethic	cs Commission Filers)
Date //-/6-23 Amount (\$) #325 Reimbursement from	5 Payee na GUAN 7 Payee ag	ne Alor Cordy	Republ	City: Seoguin	State;	Zip Code
political contributions intended	(a) Category	(See Categories listed at the top of th	nis schedule) (b) D	escription	N	
OF	(c)	Check if travel outside of Texas. Complete	e Schedule T.	Check if Austin,	TX, officeholder living	g expense
				sought		Office held
		date / Officeholder name	Office	×		
Date	Payee na	ame	Omce	s - 2.	Siate	Zip Code
Amount (\$) Reimbursement from political contributions	1	ame	Omce	City;	State	; Zip Code
Amount (\$)	Payee na	ame		s - 2.	Slate	; Zip Code
Amount (\$) Reimbursement from political contributions intended PURPOSE OF	Payee na	ame ddress;	his schedule)	City; Description	State; a, TX, officeholder livin	g expense
Amount (\$) Reimbursement from political contributions intended PURPOSE OF	Payee na Payee ad Categor	ame ddress; Y (See Categories listed at the top of t	his schedule)	City; Description		
Amount (\$) Reimbursement from political contributions intended PURPOSE OF EXPENDITURE Complete ONLY if direc	Payee na Payee ad Categor	ame ddress; y (See Categories listed at the top of t Check if travel outside of Texas. Comple idate / Officeholder name	his schedule)	City; Description		g expense
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