CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form. 1 Filer ID (Ethics Commission Filers)	2 Total pages filed:				
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST MI L	OFFICE USE ONLY				
NAME	NICKNAME LAST SUFFIX Fault her	Guadalupe Co Elections				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 44 1 Earnan Za Ln. Marios TX 78124	FEB 02 2024 Received				
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (26) $325 - 8471$	Date Hand-delivered or Date Postmarked Receipt # Amount \$				
6 CAMPAIGN TREASURER NAME	MS/MRS (MB) FIRST MI Harvey NICKNAME LAST SUFFIX	Date Processed Date Imaged				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #; CITY;	STATE; ZIP CODE				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION $(20)325-8471$					
9 REPORT TYPE	January 15 30th day before election Runoff Buth day before election Exceeded Modified Reporting Limit	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)				
10 PERIOD COVERED	Month Day Year Month	Day Year / 2074				
11 ELECTION	Month Day Year Primary Runoff Other Description General Special					
12 OFFICE	OFFICE HELD, (If any) Constable Patt Constable P					
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES IN THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANCONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF COMMITTEE TYPE COMMITTEE NAME GENERAL COMMITTEE ADDRESS	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR				
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS					
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		. 16 Filer ID (Ethics Commission Filers)						
17 CONTRIBUTION TOTALS	PLEDO	. UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN GES, LOANS, OR GUARANTEES OF LOANS, OR RIBUTIONS MADE ELECTRONICALLY)						
EXPENDITURE TOTALS		POLITICAL CONTRIBUTIONS R THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)						
	3. TOTAL	UNITEMIZED POLITICAL EXPENDITURE. \$						
	4. TOTAL	POLITICAL EXPENDITURES \$ \$928.13						
CONTRIBUTION BALANCE		POLITICAL EXPENDITURES \$ \frac{978.13}{28.13} POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ \frac{4}{340.90}						
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE SAY OF THE REPORTING PERIOD						
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:						
NOT STATE	TINE BODE ARY PUBLIC E OF TEXAS							
Sworn to and subscribed	pires 06-07-2025	Harvey Faulkner this the 2nd day of February.						
20 24, to certify	which, witness my	hand and seal of office. Kristine Bode Notary Public.						
Signature of officer administe	ering oath	Printed name of officer administering oath Title of officer administering oath						
		OR OR						
(2) Unsworn Declarati	ion							
My name is Harl	VI Faul	// χ or and my date of birth is $64-11-1954$						
My address is 449	danninz	0 hn , marla . 78/24 USA						
a /	/ (st	(city) (state) (zip code) (country)						
Executed in 90 a 4 g	County,	State of, on the day of, 20 2 \frac{Y}{(month)}.						
		Signature of Candidate/Officeholder (Declarant)						

SUBTOTALS - C/OH

FORM C/OH

COVE	R SHEET PG 3
9 FILER NAME 20 Filer ID (Ethic	cs Commission Filers)
2 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$
SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 928.13
SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	S
SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	S
SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
SCHEDULE H: PAYNENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF CA	OH \$
SCHEDULE I: NON-FOLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FLER	\$

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

			ppilousio, 20 ito; inolu	de tino page in the re	7016.		
EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Credit Card Payment		Fees Food/ Gift/A ee Legal	Beverage Expense Pollir wards/Memorials Expense Printi	Repayment/Reimbursement e Overhead/Rental Expense ng Expense ng Expense ries/Wages/Contract Labor to complete this form.	Travel In District Travel Out Of District	uipment & Related Expense	
1 Total pages Schedule F1:		RNAME	Facknen	,	3 Filer ID (Ethi	ics Commission Filers)	
1-10-24	5 Pay	h Mar	t	,			
Amount (\$)	7 Paye	ee address		City;	State;	Zip Code	
\$ 50,50	61	OI	H-10 W	54016	78	78155	
3	(a) Cat	egory (See	Categories listed at the top of this schedul	(b) Description	-		
PURPOSE OF EXPENDITURE	ADU	ert15	is c Exporser	Fuel:			
	(c)	Checki	f travel outside of Texas. Complete Schedule	T. Check if Austi	n, TX, officeholder livi	ng expense	
Complete ONLY if direct expenditure to benefit C/OF		andidate / C	officeholder name	Office sought		Office held	
Date	Paye	ee name	/		- The - The same of the same o		
1-19-24	u	al m	ar f				
Amount (\$)	Paye	ee address	;	City;	State;	Zip Code	
#77.94			C	07 cibolo volle	pr CIbo	10 18/08	
	Cate	egory (See C	ategories listed at the top of this schedule	e) Description			
PURPOSE OF EXPENDITURE	A	Overt.	12ing Expenses	Printer			
		Check is	travel outside of Texas. Complete Schedule	T. Check if Austi	n, TX, officeholder livi	ng expense	
Complete ONLY if direct expenditure to benefit C/OH		andidate / C	Officeholder name	Office sought		Office held	
Date 1-26-24	Pay	ree riame					
IF 236.89	07	fice	Depo	· .:			
Amount (\$)	Pay	ee address	:	City;	State;	Zip Code	
236.79	15	00 C.	erst 5t.	Sepuil	+x	76155	
PURPOSE	Cate	egory (See C	ategories listed at the top of this schedule) Description		-11-1	
OF EXPENDITURE	Adl	1/15	ing Expering				
		Check if	travel outside of Texas. Complete Schedule	T. Check if Austin	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF		an <mark>didate / (</mark>	Officeholder name	Office sought		Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

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 Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees 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 Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/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 3 Filer ID (Ethics Commission Filers) 4 Date Payee address: Zip Code Category (See Categories listed at the top of this schedule) (b) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State: Zip Code 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 Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) avee address: City; State: Zip Code 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 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 11/15/2022