CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: 6 The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received NICKNAME STATE: ZIP CODE 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #: **OFFICEHOLDER MAILING** 1821 N.St. Rd. 2646 Levelland 79336 **ADDRESS** Change of Address AREA CODE PHONE NUMBER EXTENSION CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (806) 638-2012 PHONE Receipt # Amount \$ 6 CAMPAIGN TREASURER Mys NAME NICKNAME LAST STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE # CAMPAIGN **TREASURER** 1821 N. State Rd. 2646 **ADDRESS** 79336 Levelland (Residence or Business) AREA CODE PHONE NUMBER 8 CAMPAIGN EXTENSION **TREASURER** PHONE (806) 523-9228 9 REPORT TYPE 30th day before election 15th day after campaign January 15 Runoff treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Day Year Day Year COVERED **THROUGH** O١ 11 ELECTION ELECTION DATE **ELECTION TYPE** Runoff Other Description General Special 03 /05 13 OFFICE SOUGHT (if known) 12 OFFICE Hockley mmissyoner 14 NOTICE FROM THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THIS BOX IS YOR NOTICE OF POLITICAL CONTINUOUS ACCEPTED ON POLITICAL EARTH THE CANDIDATE OF PRICE OF POLITICAL CONTINUOUS ACCEPTED ON THE CANDIDATE OF PRICE OF SUCHE AS MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S 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

15 C/OH NAME	Han Wisdom	16 Filer ID (Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	THAN \$		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LO	ANS) \$		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$		
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,873.10		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF TH OF REPORTING PERIOD	* 162.75		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS LAST DAY OF THE REPORTING PERIOD	AS OF THE \$		
Signature of Candidate or Officeholder				
Please complete either option below: (1) Affidavit CHRISTINA LOPEZ NOTARY PUBLIC				
NOTARY STAMP / SEA	i. Expires 05-05-2026 KM L	the ach day of Tebruan,		
20 M., to certify	which, witness my hand and seal of office. Chrishina Lopez	the ach day of lebruary. Notary Public		
Signature of officer administe	Printed name of officer administering oath	Title of officer administering oath		
	OR			
(2) Unsworn Declarati	on			
My name is	, and my date of bi	rth is		
i				
1	(street) (city)	(state) (zip code) (country)		
Executed in	County, State of, on the day of	nonth) , 20 (year)		
	Signature of C	andidate/Officeholder (Declarant)		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID (Ethics C	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	\$ 3873.10
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	\$

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 Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment

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/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 how to co	emplete this form.		
1 Total pages Schedule F1:	² FILER NAME Alan Wisdom		3 Filer ID (Ethics	s Commission Filers)
4 Date 01/26/24	5 Payee name VistaPrint			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
1,109.67	Vistaprint. com			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Mailers		
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
01/31/24	Signs-on-the-Go			
Amount (\$)	Payee address; 304 CR 7200	City;	State;	Zip Code
901.34	Lubbock, TX 79404			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF		,	7	
EXPENDITURE	Advertising Expense	Large 2	zigns	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
02/05/24	Amazon			
Amount (\$)	Payee address;	City;	State;	Zip Code
195.49	Amazon com			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Yard Stuke:	s/Promo L	eller Openers
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / 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 Consulting Expense

Advertising Expense Accounting/Banking Consulting Expense	Event Expense Fees	Loan Repayment/Reimbursement Office Overhead/Rental Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense
Contributions/Donations Made B Candidate/Officeholder/Politica		Polling Expense Printing Expense	Travel In District Travel Out Of District
Credit Card Payment	The Instruction Guide explain:	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
1 Total pages Cahadula E1.		o now to complete this form.	2 Files ID (Files Constitute Files)
1 Total pages Schedule F1:	^{2 FILER NAME} Alan Wisd	om	3 Filer ID (Ethics Commission Filers)
02/05/24	5 Payee name Vista Print	•	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
405.34	Vistaprint, CE	e m	
8	(a) Category (See Categories listed at the top of this s	chedule) (b) Description	
PURPOSE OF EXPENDITURE	Advertising Expens	e Yard S	igns
	(c) Check if travel outside of Texas. Complete Sc	hedule T. Check if Austi	in, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
02/06/24	Baum Outd	vor	
Amount (\$)	Payee address;	City;	State; Zip Code
800,00	PO BOX 321	Canyon	TX 79015
	Category (See Categories listed at the top of this so	chedule) Description	
PURPOSE OF	Λ	1000100	d Billiand
EXPENDITURE	Havertising typeanse	verenan	d Billboard
	Check if travel outside of Texas. Complete Sc	hedule T. Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
02/23/24	Fedex Office		
Amount (\$)	Payee address;	City;	State; Zip Code
200.24	4210 82nd Sf	Lubboc	K TX 79423
	Category (See Categories listed at the top of this so	hedule) Description	
PURPOSE OF EXPENDITURE	Advertising Expen	se Flye	x r5
	Check if travel outside of Texas. Complete Sci	hedule T. Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / 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 Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

St. 18 11 40

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Transportation Equipment & Related Expense Travel In District Travel Out Of District

Other (enter a category not listed above)

Solicitation/Fundraising Expense

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)
3			
4 Date 2/23/24	News Press		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
261.00	711 Austin	Levellano	1 TX 79334
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Λ	. 1	A 1
OF EXPENDITURE	Advertising Expense	Newson	aper Ad
	(c) Check if travel outside of Texas. Complete Schedule T.		X, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
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, T	X, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDE	ED