# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

Change of Address Rear I Dr. Lake JacksonTX 77566   S CANDDATE/ OFFICEHOLDER AMEA CODE PHONE NUMBER EXTENSION   CAMPAICN TREASURER NAME MS / MR3 / MR FMST MI   CAMPAICN TREASURER NAME MS / MR3 / MR FMST MI   CAMPAICN TREASURER NAME MS / MR3 / MR FMST MI   CAMPAICN TREASURER ADDRESS MS / MR3 / MR FMST MI   CAMPAICN TREASURER ADDRESS MS / MR3 / MR FMST MI   CAMPAICN TREASURER ADDRESS MS / MR3 / MR FMST UAST   CAMPAICN TREASURER ADDRESS S Fearl Dr. Lake Jackson TX TTSGe   Readence of Businessio MARE ADDRESS MARE ADDRESS MARE ADDRESS   Readence of Businessio MARE ADDRESS MARE ADDRESS MARE ADDRESS   Readence of Businessio MARE ADDRESS MARE ADDRESS MARE ADDRESS   Readence of Businessio MARE ADDRESS MARE ADDRESS MARE ADDRESS   B REPORT TYPE Junuary 15 Son day before election Runoff State day der condiagn treasurer appointent (Difficulture Conditioned)   10 PERIOD Martin Day Year Martin Day Year   11 ELECTION ELECTION ADRE ELECTION TYPE Dereinage Conditioned   12 OFFICE OFFICE HONDER MORE OF DUDICAL CONTRELINGS MARE MARE MENDICIDER MARE PROJUCTIONE CONTREL TO ADRESS   13 OFFICE BOUGHT (TERMARE MORTIN Day Year   14 ELECTION ELECTION TYPE   15 ADDRESS (DDRE' ACAL 1   16 DERIOC ERROM POLITIC						
OFFICE HOLDER NAME     NAME     NOWNE     NO     NAME     NO	The C/OH Instruction (	juide explains how to complete	this form.	r ID (Ethics Cammission Filers)	2 Total pages file	ad:
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5 CANDIDATE/ OFFICEHOLDER PHONE       ANEA CODE       PHONE NUMER       EXTENSION       Date Hand-delivered or Data Postmarked         6 CAMPAIGN TREASURER NAME       MS / MRS / MR       FIRST       MI       Aneurit 3         7 CAMPAIGN TREASURER NAME       MS / MRS / MR       LAST       SUFIX       Date Hand-delivered or Data Postmarked         7 CAMPAIGN TREASURER ADDRESS       MS / MRS / MR       LAST       SUFIX       Date Hand-delivered or Data Postmarked         7 CAMPAIGN TREASURER ADDRESS       MS / MRS / MR       LAST       SUFIX       Date Hand-delivered or Data Postmarked         8 CAMPAIGN TREASURER PHONE       AREA CODE       PREME NUMER       EXTENSION       STATE:       2IP CODE         9 REPORT TYPE       January 15       30th day before election       Exceeded Modified       ST File Report (Busc) COH-FRI TREASURER       Mortin       Ory Var         10 PERIOD COVERED       Mortin       Ory Var       Mortin       Election TYPE       Isona av before election       Election TYPE       Isona endoted Cry II-FRI TREASURE POINT TYPE         11 ELECTION       ELECTION NATE       ELECTION TYPE       Isona for day before election       ELECTION TYPE       Isona for day before dection       ELECTION TYPE         12 OFFICE       OFFICE HELD (Ferry)       Mortin       Ory Var       Mortin       Date Mortin	OFFICEHOLDER MAILING	105	/ SUI7E #; CITY;		COUNTYCL	ERK, BRAZORIA CO., TE
5 CANDIDATE/ OFFICEHOLDER PHONE       ANEA CODE       PHONE NUMER       EXTENSION       Date Hand-delivered or Data Postmarked         6 CAMPAIGN TREASURER NAME       MS / MRS / MR       FIRST       MI       Aneurit 3         7 CAMPAIGN TREASURER NAME       MS / MRS / MR       LAST       SUFIX       Date Hand-delivered or Data Postmarked         7 CAMPAIGN TREASURER ADDRESS       MS / MRS / MR       LAST       SUFIX       Date Hand-delivered or Data Postmarked         7 CAMPAIGN TREASURER ADDRESS       MS / MRS / MR       LAST       SUFIX       Date Hand-delivered or Data Postmarked         8 CAMPAIGN TREASURER PHONE       AREA CODE       PREME NUMER       EXTENSION       STATE:       2IP CODE         9 REPORT TYPE       January 15       30th day before election       Exceeded Modified       ST File Report (Busc) COH-FRI TREASURER       Mortin       Ory Var         10 PERIOD COVERED       Mortin       Ory Var       Mortin       Election TYPE       Isona av before election       Election TYPE       Isona endoted Cry II-FRI TREASURE POINT TYPE         11 ELECTION       ELECTION NATE       ELECTION TYPE       Isona for day before election       ELECTION TYPE       Isona for day before dection       ELECTION TYPE         12 OFFICE       OFFICE HELD (Ferry)       Mortin       Ory Var       Mortin       Date Mortin	Change of Address	Pearl Dr. Lo	ke Jackson	nTX 77566		0
6       CAMPAIGN TREASURER NAME       Ms / Mss / Mss / Ms       Dec / Ms       Arrow 1 3         7       TREASURER NAME       Dec / Ms       Arrow 1 3         8       CAMPAIGN TREASURER ADDRESS       Dec / Ms       Arrow 1 3         7       CAMPAIGN TREASURER ADDRESS       STREE ADDRESS (NO 90 DOX REASE. Arr / SUITE #.       CITY.       STATE:       ZIP CODE         8       CAMPAIGN TREASURER PHONE       STREE ADDRESS. (NO 90 DOX REASE. Arr / SUITE #.       CITY.       STATE:       ZIP CODE         9       REPORT TYPE       January 15       John ay before election       Functif       Tiste anaged reasures appointent (Officiented CODY)       Tiste day after campage reasures appointent (Officiented CODY)         10       PERIOD COVERED       Month       Day       Year       Month       Day       Year         11       ELECTION MATE       ELECTION TYPE       January 15       JOD JOD JA       JOD JA       JOD JA       JOD Year         10       PERIOD COVERED       Month       Day       Year       ELECTION TYPE       Inflicted COM       Find Report (Maco COL - FR)         11       ELECTION DATE       ELECTION TYPE       Jan Jay 20024       THROUGH       Description         12       OFFICE       OPFICE HELD (F any)       Committee Committee Commit	OFFICEHOLDER	AREA CODE PHONE NU	JMBER			
Debby     Pay ne       7 CAMPAIGN TREASURER ADDRESS     STREET ADDRESS (NO PO BOX PLEASE: APT / SUITE #, CITY;     STATE:     ZP CODE       (Residence or Business)     IOS Pear I     Dr.     Lake Jackson     TY     T72566       8 CAMPAIGN TREASURER PHONE     AREA CODE     PHONE NUMBER     Extension     TY     T72566       9 REPORT TYPE     January 15     30th day before election     Runoff     10th day after company       10 PERIOD     Month     Day     Year     Month     Day       10 PERIOD     Month     Day     Year     Month     Day       11 ELECTION     ELECTION DATE     ELECTION DATE     ELECTION TYPE       12 OFFICE     OFFICE HELD (famy)     Commits Scioner Act 1     13 OFFICE SOUGHT (ffmom)       14 NOTICE FROM POLITICAL COMMITTEE (s)     Commits Scioner Act 1     13 OFFICE SOUGHT (ffmom)       14 NOTICE FROM POLITICAL COMMITTEE CAMPAIGN TREASURER AND WINGOUT DREAS ON PROVIDERS MADE BY POLITICAL COMMITTEES TO SUPPORT THE CAMIDATE OFFICEHORE ARE REQUERED TO REPORT THES RODAL FOR ACLOUNT OFFICE OF COMMITTEE CAMPAIGN TREASURER ADDRESS       12 Additional Pages     COMMITTEE CAMPAIGN TREASURER NAME       13 Additional Pages     COMMITTEE CAMPAIGN TREASURER NAME       14 Additional Pages     COMMITTEE CAMPAIGN TREASURER NAME       15 Additional Pages     COMMITTEE CAMPAIGN TREASURER NAME       16 Additional Pages </td <td>TREASURER</td> <td>MS / MRS / MR FIF</td> <td>RST</td> <td>Å.</td> <td></td> <td>Amount \$</td>	TREASURER	MS / MRS / MR FIF	RST	Å.		Amount \$
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Month       Day       Year       Primary       Runoff       Other         Description       General       Special       Description         12 OFFICE       OFFICE HELD (if any)       13 OFFICE SOUGHT (if known)         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 OFFICEHOLDER'S KNOWLEDGE OR COMMITTEES AND OFFICEHOLDER ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.         Additional Pages       GENERAL       COMMITTEE AND RESS         GENERAL       GENERAL       COMMITTEE CAMPAIGN TREASURER NAME         COMMITTEE CAMPAIGN TREASURER NAME       COMMITTEE CAMPAIGN TREASURER ADDRESS					Day Year	
14 NOTICE FROM POLITICAL COMMITTEE(S)       This BOX IS FOR NOTCE OF POLITICAL CONTREST OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE BEWINHOUT THE CANDIDATE'S ON OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE BEWINHOUT THE CANDIDATE'S ON OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.         COMMITTEE TYPE       COMMITTEE NAME         GENERAL       COMMITTEE ADDRESS         SPECIFIC       COMMITTEE CAMPAIGN TREASURER NAME         COMMITTEE CAMPAIGN TREASURER ADDRESS       COMMITTEE CAMPAIGN TREASURER ADDRESS	11 ELECTION			Runoff Other Description		
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		SPECIFIC COMMITTEE	CAMPAIGN TREASURER N	AME		
GO TO PAGE 2		COMMITTEE	CAMPAIGN TREASURER	ADDRESS	4	
			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	<ol> <li>TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS, CONTRIBUTIONS MADE ELECTRONICALLY)</li> </ol>	C .
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTE	ES OF LOANS) \$ 1000.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE,	\$ 1894.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 9519.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED OF REPORTING PERIOD	AS OF THE LAST DAY
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDIN LAST DAY OF THE REPORTING PERIOD	G LOANS AS OF THE
	Please complete either op	Signature of Candidate or Officeholder
(1) Affidavit	Notary ID #128699630 Commission Exp. AUG. 26, 2027	
NOTARY STAMP/SEA	-	
	which, witness my hand and seal of office.	this the 19th day of Gulf
Signature of officer administe	3	h Title of officer administering oath
	OR	
(2) Unsworn Declarati	on	
My name is	, and my	date of birth is
My address is		······································
		ity) (state) (zip code) (country)
Executed in	County, State of , on the	_ day of, 20 (year)
	Sigr	nature of Candidate/Officehoider (Declarant)

# SUBTOTALS - C/OH

#### FORM C/OH COVER SHEET PG 3

		14
19 FILER NAME Donald 12. "Dude" Payne Sr.	20 Filer ID (Ethics Co	ommission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS		\$ 1000.00
2. SCHEDULEA2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 7600.
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 FU	NDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11. SCHEDULEI: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$ 1919 00
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT	TIONS RETURNED	\$
	,	

# **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 complete this form.	1 Total pages Schedule A1:
FILER NAME	Donald w "Dude" Payne	3 Filer ID (Ethics Commission Filers
Date	5 Full name of contributor out-of-state PAC (tD#;	) 7 Amount of contribution (\$)
	Kenneth K. Vernor	e; Zīp Code
-9-24	Freenor	*+ Tx 77.34/ \$ /000, 00 mployer (See Instructions)
	upation / Job tructions) 9'En Ven	nployer (See Instructions) nor Material + Equipment
Date	Full name of contributor	Amount of contribution (\$)
	Contributor address; City; Steate	e; Zip Code
Principal occu	pation / Job title (See Instructions)	nployer (See Instructions)
Date	Full name of contributor	) Amount of contribution (\$)
	Contributor address; City; State	e; Zip Code
Principal occu	pation / Job title (See Instructions) En	nployer (See Instructions)
Date	Full name of contributor 🗌 outof-state PAC (ID#:	) Amount of contribution (\$)
	Contributor address; City; State	e; Zip Code
	upation / Job title (See Instructions)	nployer (See Instructions)

#### 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/Benking
Consulting Expense
Contributions/Donetions Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expanse Fees Food/Beverage Expanse GillyAwards/Memonials Expanse Legal Services

Loan Repayment/Rambursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitetion/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not fisted above)

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1:	Donald W. "Dude" f	Davne Sr. 3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
2-11-24	David Thacker (	Campaign
6 Amount (\$)	7 Payee address;	City; J State; Zip Code
<sup>€</sup> 500.∞	62 Sundrop Court	Lake Jackson TX 77566
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE		
OF EXPENDITURE	Donation	
X.	(C) Check If travel outside of Texes. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	David Thacker C.	emmissioner Pet. 1 Constable
Date	Payee name	
2-02-24	Towing Davis And	200.0
2-27-24	Jarvis Davis Car	City State; Zip Code
Amount (\$)	Payee address;	
× 200.00		Freeport Tx 11541
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		
OF EXPENDITURE	Donation	
i Ceccieine	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officellolder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	City of Freeport Office held
	Jarvis Dovis	City of Freeport
Date	Payee name	
Date	t ajoo hame	
2.0.011	David Thacker (	Campaign
Amount (\$)	Payee address;	City: C State; Zip Code
	rayoo aunosa,	
00		I W T has The second
\$ 5500.	62 Sundrop Court	Lake Jackson TV 77566
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		
OF EXPENDITURE	Donation	
	11111 3)	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, ofliceholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OH	David Thacker com	missioner Pat. 1 Pat. 1
	ATTACH ADDITIONAL COPIES OF THIS	

#### 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 BOX8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Ciedit Card Payment	t Committee Legal Services	Loan Repayment/Reinbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wayes/Constract Labor Iains how to complete this form.	Solicitation/Fundraising Expanse Transpontation Equipment & Related Expanse Travel In District Travel Out Of District Other (anter a calegory not listed above)
1 Total pages Schedule Ft:	2 FILER NAME	Dude" Payne SI	3 Filer ID (Ethics Commission Filers)
4 Date イーンイ	5 Payee name David Thack	ker Campaig	n
6 Amount (\$)	7 Payee address;	City; J	Stete; Zip Code
#1000."	(a) Category (See Categories listed at the top of		ekson TX 77566
8 PURPOSE	fol concline à loss caradones listen at me mb o		
OF	Donation		
	(c) Check if travel outside of Texas. Comple	the Schedule T. Check if Au	stin, TX, cificeholder living expense
9 Complete <u>QNLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office he <b>ld</b>
Date	Payee name		n and a second sec
2-28-24	Jeff Berr	V Campaig	n
Amount (\$)	Payee address;	/ <sup>I</sup> city; J	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of #	his schedule) Description	
4	Checkiftravel outside of Texes. Comple	ale Schedule T. Check If Au	stin, TX, officeholder living expense
Complete <u>QNLY</u> If direct expenditure to benefit C/OH	Candidate / Officeholder name Jeff Berry	Mouse Dis	Office held
Date	Рауее пате		8
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categolies listed at the lop of l	his schedule) Description	
	Check if travel outside of Texes. Comple	ne Schedule T. Check if Au	stin, TX, olficeholder living expense
Complete ONLY If direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPI	ES OF THIS SCHEDULEAS NE	EDED

#### NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE

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

	The instruction Guide explains how to com	plate this form.
1 Totet pages Schedule I:	2 FILER NAME Donald W "Dude" Pa	3 Filer ID (Ethics Commission Filers)
4 Date	o rayes name	a County
6 Amount (\$)	7 Payae address;	City State Zip Code
\$ 100.00	1524 E. Mulberry Suite 1:	35 Angleton Tx 17515
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) Purchase 4 Tickets To Flo	(b) Description (See instructions regarding type of information required.)
Date 1-23-24	Payee name BACH	
Amount (\$)	Payee address;	City State Zip Code
\$ 150.00	120 Hospital Drive	Angleton Tx 17515
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable cotegories.) Purchase 2 Tickets To Gal	Description (See instructions regarding type of information required.)
Date	Payee name	Ablican Party
Amount (\$)	DOY SURAN CONE Trace	city 'state Zip Code Lake Jackson Tx 77566
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories) Purchased DTickets To Lincoln   Reagan Banque	Description (See instructions regarding type of information regulied.)
Date	Payee name	
2-10-24	Academy	
Amount (\$)	120 TX Hwy 332	Lake Jackson JX 77566
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Purchased UT Shinit To Donate To	Description (See instructions regarding type of information required.)
5	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULEAS NEEDED

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#### **NON-POLITICAL EXPENDITURES** MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE

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

PURPOSE OF EXPENDITURE     Category (see instructions for examples of acceptable ategories.)     Description (see instructions regarding type of information required.)       Date     Payee name       2 - 38 - 34     BACH       Amount (s)     Payee name       Category (see instructions for examples of acceptable of examples of acceptable     City       State     Zip Code       State     City       State     Zip Code       State     Category (see instructions for examples of acceptable of examples of acceptable       Date     Payee name       3 - 4 - 34     Brazoria       Amount (s)     Payee address;	· · · · · · · · · · · · · · · · · · ·	The Instruction Guide explains how to comp	Nate this form.	and a set of a set of a
4 Date 5 Payee name $A = -12 - 24$ BISD Education Foundation A = -12 - 24 BISD Education Foundation F 100 $C = BISD Education Foundation F 100 C = BISD Education For Clute TX 7753PURPOSE C = C = C = C = C = C = C = C = C = C $	1 Tiolai pages Schedule I:			(Ethics Commission Filers)
# 100.       Soil Brazos wood Dr.       Clute       Tx       77.53         8       PURPOSE EXPENDITURE       (a)Category (see inductions for examples of asceptuble amporta)       (b) Description (see interactions regarding type of information inquired)         Date EXPENDITURE       Parce A ased Raffle Tickets       (b) Description (see interactions regarding type of information inquired)         Date EXPENDITURE       Parce A ased Raffle Tickets       (b) Description (see interactions regarding type of information inquired)         Date EXPENDITURE       Parce Address:       City       State       Zip Code         # 100.       120       Hospital Drive       Angleton       Tx       77.51         PURPOSE EXPENDITURE       Category (see instructions for examples of annutiate category (see instructions for examples of acceptuble Date       Description (See instructions regarding type of information registed)         Date       Payee address;       City       State       Zip Code         # 375.*       120       N ospital Drive       Angleton       Tx       77.51/2         PURPOSE EXPENDITURE       Category (see instructions for examples of acceptuble Don at ion       Description (see instructions regarding type of information registed)       Description (see instructions regarding yee of information	4 Date 2-12-24	5 Payee name	1,	
P(IQ)301 $Brazos IDOOdDr.CluteIX7753PURPOSEEXPENDITURE(a) Category (see retructions for azampted of asceptableangleta)(b) Description (see instructions regarding type of informationinstructions regarding type of informationregulaciónDateJ - 20 - 24Payoe nameBACHCityStateZip CodeAnount (s)Payoe addrese:CityStateZip CodePurposeexpenditureCategory (see instructions for categories of acceptableanount (s)Description (see instructions regarding type of informationrequired)Date2 - 28 - 24BACHBACHDescription (see instructions regarding type of informationrequired)Date2 - 28 - 24BACHBACHDescription (see instructions regarding type of informationrequired)Date2 - 28 - 24BACHBACHDescription (see instructions regarding type of informationrequired)Date2 - 28 - 24BACHBACHDriveAngletonDate3 - 4 - 24Box pital DriveBrazonia County Library FoundationGive statuding type of informationrequired)Date3 - 4 - 24Payoe nameBazonia County Library FoundationCategory (see instructions for acceptableGiveGive State Zip Code3 - 4 - 24Brazonia County Library FoundationCategory (see instructions for acceptableGiveGive State Zip Code6 - $	6 Amount . (\$)	7 Payae address;	City	State ZipCada
PURPOSE EXPENDITURE       Category (See instructions for examples of acceptable of 2)       City       State       Zip Code         Date       Payee name       3-20-24       BACH       Annount (\$)       Payee name         Annount (\$)       Payee name       City       State       Zip Code         \$\$\frac{1}{2}\cdot 0.244       BACH       Annount (\$)       Payee name         \$\$\frac{1}{2}\cdot 0.244       BACH       Angleton       TX       775/X         PURPOSE       Category (See instructors for examples of acceptable       Description (See instructors myending type of information required.)       Description (See instructors myending type of information required.)         Date       Payee name       Category (see instructors for examples of acceptable of \$\$       City       State       Zip Code         \$\$\$       Date       Payee name       Category (see instructors for examples of acceptable of \$\$       Description (See instructors regarding type of information required.)       Description (See instructors regarding type of information required.)         PURPOSE       Category (see instructors for examples of acceptable of \$\$       Description (See instructors regarding type of information required.)         Date       Payee name       Analytic A       Analytic A       Angleton       TX       T151/S         Date       Payee name       Analeton <td>\$ 100.00</td> <td>301 Brazoswood Dr.</td> <td>Clute</td> <td>TX 7753</td>	\$ 100.00	301 Brazoswood Dr.	Clute	TX 7753
3-20-24       BACH         Amount (5)       Payee address:       City       Stele       Zip Code         # 100.50       120       Hospital Drive       Angleton       TX       7751:         PURPOSE       Category (See individurs for examples of an-opticate of an-opticate of an-opticate of an-opticate of an-opticate of anopticate of anoptic	PURPOSE OF	callegories.)	required.)	anding type of information
# 100.       100 Hospital Drive       Angleton       Tx 7751:         PURPOSE       Category (see instructors for complete of anoptiate of anoptia		Payee name BACH	ar 10.000 m. +	
PURPOSE       Category (see instructions for examples of an-glaste       Description       See instructions regarding type of information         Date       Payse norme       Data       Payse norme       Category (see instructions for examples of an-glaste       Description       See instructions regarding type of information         Date       Payse norme       Data       Payse address;       City       State       Zip Code         # 175.       Ido       Nospital       Drive       Angleton       TX       TTSS/X         PURPOSE       Category (see instructions for examples of acceptate       Description       City       State       Zip Code         # 175.       Ido       Nospital       Drive       Angleton       TX       TTSS/X         PURPOSE       Category (see instructions for examples of acceptate       Description (see instructions regarding type of information registred.)         Date       Paysee name       Category (see instructions for examples of acceptate       City       State       Zip Code         3-4-24       Brazonia       Category (see instructions for examples of acceptate       City       State       Zip Code         6       50.00       912       N.       Velasco       Angleton       TX       TTSIS         PURPOSE       Category (see instructions f	Amount (\$)	Payee address;	City	State Zip Code
PURPOSE       categories,       required.)         Date       Payse name       Annount (\$)       Payse address;       City       State       Zip Code         \$\$ _75.°       IQO       NoSpital       Drive       Angleton       TX       TTS:         PURPose       Category (see instructions for examples of acceptable       Description (See instructions regarding type of information required.)       Description (See instructions regarding type of information required.)         Date       Payse address;       City       State       Zip Code         \$\$ _75.°       IQO       Nospital       Drive       Angleton       TX       TTS:         PURPose       Category (see instructions for examples of acceptable       Description (See instructions regarding type of information required.)       Description (See instructions regarding type of information required.)         Date       Payse address;       City       State       Zip Code         \$\$ _50.°       912       N.       Velaseo       Angleton       TX       TTSIS         Purpose       Category (see instructions for examples of acceptable       Angleton       TX       TTSIS         \$\$ _50.°       912       N.       Velaseo       Angleton       TX       TTSIS         Purpose       Category (See instructions for e	¢ 100. °°	120 Hospital Drive	Angleton	Tx 77515
Date     Payee name       2·38-24     BACH       Amount (\$)     Payee address;     City     State     Zip Code       * 275.*     120     Nospital Drive     Angleton     TX     775/2       PURPOSE     0     120     Nospital Drive     Angleton     TX     775/2       PURPOSE     Category (see instructions for examples of acceptable     Description (see instructions regarding type of information       Date     Payee name     Donation     Description (see instructions regarding type of information       Date     Payee name     State     Zip Code       3-41-24     Brazoria     County     Library     Foundation       Amount (\$)     Payee address;     City     State     Zip Code       \$50.****     912     N. Velasco     Angleton     TX     17515       PURPOSE     0     912     N. Velasco     Angleton     TX     17515       PURPOSE     0     Category (see instructions for examples of acceptable     Description (see instructions regarding type of information       *****     0     Angleton     TX     17515       ******     0     Angleton     TX     17515       ************************************	OF	categories.)		arding type of information
Andurt (s) Purpose PURPOSE EXPENDITURE Date 3-4-24 Purpose S-50.00 PURPOSE Category (See instructions for examples of acceptable Description (See instructions regarding type of information required.) Description (See instructions regarding type of information required.)	1000			
A75.       I20       Hospital Drive       Hngleton       TYDA         PURPOSE oF EXPENDITURE       Category (see instructions for examples of acceptable ategories.)       Description (See instructions regarding type of information required.)         Date       Payee name         3-4-24       Brazoria County Library Foundation         Amount (\$)       Payee address;       City       State       Zip Code         \$50.00       912       N. Velasco       Angleton       TX 17515         PURPOSE of Expenditure       Category (see instructions for examples of acceptable       Description (See instructions regarding type of information required.)         \$50.00       912       N. Velasco       Angleton       TX 17515         PURPOSE off Expenditure       Category (see instructions for examples of acceptable       Description (See instructions regarding type of information required.)         PURPOSE off Expenditure       Our chased I Tick et To Arthur Dinner       Description (See instructions regarding type of information	Amount (\$)	Payee address;	City	State Zip Code
PURPOSE OF EXPENDITURE     astegorias.)     required.)       Date     Date     Payee name       3-4-24     Brazonia County Library Foundation       Amourit (\$)     Payee address;       \$50.00     912 N. Velasco       \$50.00     912 N. Velasco       Category (see instructions for examples of acceptation ortegories.)       PURPOSE OF EXPENDITURE     Category (see instructions for examples of acceptation ortegories.)       Purpose Arthur Dinner     Description Arthur Dinner	\$ 275.00	120 Nospital Drive	Angleton	TY 77515
Date     Payee name       3-4-24     Brazoria County Library Foundation       Amounit (\$)     Payee address;       \$50.00     912 N. Velasco       \$50.00     912 N. Velasco       Category (See instructions for examples of acceptable of acceptable       OF     Category (See instructions for examples of acceptable       PURPOSE     Category (See instructions for examples of acceptable       OF     Purchased I Ticket To       Arthur Dinner	OF	त्वास्तुoriहरू.)		arding type of information
Amount (\$)     Payee address;     City     State     Zip Code       8 50.00     912 N. Velasco     Angleton     TX 17515       PURPOSE     Category (see instructions for examples of acceptable of EXPENDITURE     Categories.)     Description (see instructions regarding type of information required.)	Date	Рауее пате	E Ind	16.00
\$ 50.00912 N. VelascoAngleton TX 17515PURPOSE OF EXPENDITURECategory (See instructions for examples of acceptuble Categories.)Description (See instructions regarding type of information required.)PURPOSE OF EXPENDITURECategories.) Purchased I Ticket To Arthur DinnerDescription (See instructions regarding type of information required.)				
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULEAS NEEDED	PURPOSE OF	Categories.) Purchased 1 Ticket To		Prding type of information
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#### **NON-POLITICAL EXPENDITURES** MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE

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	The Instruction Guide explains how to com	plete this form.
Total pages Schedule E	2 FILER NAME Donald W "Dude" Pa	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	1
3-14-24	Lions Charter Dis	
6 Amount . (\$)	7 Payee address;	City State Zip Code
\$ 35.00	1926 Jordan Koad	Manvel 7× 77578
B PURPOSE OF EXPENDITURE	(a)Category (See Instructions for examples of acceptable categories.)	(b) Description (See insinctions regarding type of information required.)
Date 4-8-24	Payee name Kroger	
Amount (\$)	Payee address;	City State Alip Code
¥ 77.°	800 Dixie Drive	Clute Tx 77531
PURPOSE OF EXPENDITURE	Category (see bistructions for examples of acceptable categories.) Purchase Drinks For Exchange CLUB Golf Tour	Description (See instructions regarding type of Information required.)
Date 4-8-24		Angleton
Amount (\$)	Payee address; U	City Stelle Zip Code
* 250.°°	P.O. Box 1196	Angleton 1x 77513
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable Sponsor Ya Team For Golf Tournament uf Ja	Description (See instructions regarding type of information required.) 3P Gardzing
Date	Payee name	
4-29-24	Brazosport Area Chi	amber of Commerce
Amount (\$)	Payee address;	City State Tode
\$ 75.00	300 Abner Jackson Puky	Lake Jackson Tx 77560
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptables categories.)	Description (See instructions regarding type of information required.)
EXPENDITORE	Annual Dues	

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	OM POLITICAL CONTRIBUTION		LE
If the requested information is not applicable, DO NOT include this page in the report.			
t contrar and a	The Instruction Guide explains how to com	plete this form.	
Total peges Schedule I:			
Date	Donald W" "Diade" Pa	yne Sr.	
6-18-24	Boy Scouts of Amer	ica	
Amount (\$)	7 Payee address;	City State Zi	p Code
\$ 250.00	3020 53 rd Street	Galveston TX 77	551
PURPOSE	(a)Category (See instructions for examples of acceptable callegories)	(b) Description (See instructions regarding type of Inform required.)	and the second s
O F EXPENDITURE	Donation @ Breakfast		
Date	Реуес пате		
Amount (\$)	Payee address;	City State 🚠	ip Code
PURPOSE OF EXPENDITURE	Category (See benzions for examples of acceptable categories.)	Description: (See instructions regarding type of infor required.)	matan
Date	Payee natile		
Amount (\$)	Payee address;	City State Z	l p Code
PURPOSE OF EXPENDITURE	Calegory (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of infor required.)	mation
Date	Payee name		
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	.4		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categorias.)	Description (See instructions regarding type of info required.)	mation

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	IDIDATE/OFFICEHOLDER REPORT: IGNATION OF FINAL REPORT	FORM C/OH - FR		
	The Instruction Guide explains how to complete this f	опп.		
	•• Complete only if "Report Type" on page 1 is marked "Fi	nal Report" **		
1 C/OH N 3 SIGNA	Donald w. "Dude" Payne Sr.	2 Filer ID (Ethics Commission Filers)		
designa	expect any further political contributions or political expenditures in connection with ting a report as a final report terminates my campaign treasurer appointment. I also gn contributions or make any campaign expenditures without a campaign treasurer appointment.	understand that I may not ascept any		
	WHO IS NOTAN OFFICEHOLDER plete A & B below only if you are not an officeholder.			
A.	CAMPAIGN FUNDS			
Chec	conly one:			
	I do not have unexpended contributions or unexpended interest or income earned	from political contributions.		
	I have unexpended contributions or unexpended interest or income earned from por may not convert unexpended political contributions or unexpended interest or inco- personal use. I also understand that I must file an annual report of unexpended unexpended contributions or unexpended interest or income earned on political co- filing this final report. Further, I understand that I must dispose of unexpended poli- interest or income earned on political contributions in accordance with the requirem	ome earned on political contributions to I contributions and that I may not retain ntributions longer than six years after tical contributions and unexpended		
В.	ASSETS			
Chec	conly one:			
	I do not retain assets purchased with political contributions or interest or other inco	me from political contributions.		
	I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.			
		Signature of Candidate		
	EHOLDER plete this section <i>only</i> if you are an officeholder			
X	I am aware that I remain subject to filling requirements applicable to an officeholder who file. I am also aware that I will be required to file reports of unexpended contributions an officeholder, I retain political contributions, interest or other income from political political contributions or interest or other income from political contributions.	if, after ing the last required report as		
		Signature of Officeholder		

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