

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: 19

<b>3 CANDIDATE / OFFICEHOLDER NAME</b> MS / MRS / MR: <u>MR.</u> FIRST: <u>Alden</u> MI: <u>E</u> NICKNAME: <u>Southmayd</u> LAST: <u>III</u> SUFFIX: <u>III</u>	<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> ADDRESS / PO BOX: <u>P.O. Box 1772</u> APT / SUITE #: _____ CITY: <u>Beeville, TX.</u> STATE: _____ ZIP CODE: <u>78104</u> <input type="checkbox"/> Change of Address	<b>OFFICE USE ONLY</b> Date Received: _____ BE COUNTY ELECTIONS ADMINISTRATION JAN 10 2024 RECEIVED Date Hand-delivered or Date Postmarked: _____ Receipt # _____ Amount \$ _____ Date Processed: _____ Date Imaged: _____
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b> AREA CODE: <u>(361)</u> PHONE NUMBER: <u>542-3152</u> EXTENSION: _____	<b>6 CAMPAIGN TREASURER NAME</b> MS / MRS / MR: <u>MR.</u> FIRST: <u>Philip</u> MI: <u>C</u> NICKNAME: _____ LAST: <u>CARRIZALES</u> SUFFIX: _____	
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____ <u>1406 FM 673 Beeville, TX 78102</u>	<b>8 CAMPAIGN TREASURER PHONE</b> AREA CODE: <u>(361)</u> PHONE NUMBER: <u>542-8466</u> EXTENSION: _____	

**9 REPORT TYPE**

January 15      30th day before election      Runoff      15th day after campaign treasurer appointment (Officeholder Only)  
 July 15      8th day before election      Exceeded Modified Reporting Limit      Final Report (Attach C/OH - FR)

**10 PERIOD COVERED**

Month Day Year     Month Day Year  
07 / 01 / 23     THROUGH     12 / 31 / 23

**11 ELECTION**

ELECTION DATE: Month Day Year: 03 / 05 / 24  
 ELECTION TYPE:  Primary      Runoff      Other Description  
 General      Special

**12 OFFICE** OFFICE HELD (if any): Sheriff     **13 OFFICE SOUGHT** (if known): Sheriff

**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.

<input type="checkbox"/> Additional Pages	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE: _____ COMMITTEE NAME: _____ COMMITTEE ADDRESS: _____ 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 <u>Alden E. Southmayd III</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>19,538<sup>00</sup></u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>15,558<sup>71</sup></u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>4,362<sup>15</sup></u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

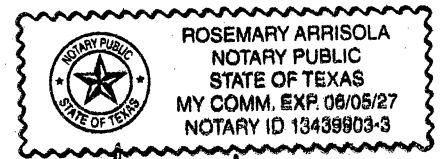
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

A.E. Southmayd III  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL



Sworn to and subscribed before me by Alden E Southmayd III this the 10<sup>th</sup> day of January

2024 to certify which, witness my hand and seal of office.

R. Arrisola Rosemary Arrisola  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_

My address is \_\_\_\_\_  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH**

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

19 FILER NAME: Alden E. Southmayd III 20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 19,538 <sup>00</sup>
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 15,558 <sup>71</sup>
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

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: 8
---	------------------------------

2 FILER NAME Alden E. Southmayd III	3 Filer ID (Ethics Commission Filers)
--	---------------------------------------

4 Date 08/21/23	5 Full name of contributor [Redacted]	7 Amount of contribution (\$) 750.00
6 Contributor address; City; State; Zip Code [Redacted] FORT WORTH, TX	8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)

Date 08/22/23	Full name of contributor [Redacted]	Amount of contribution (\$) 1,000.00
Contributor address; City; State; Zip Code [Redacted]	Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date 09/06/23	Full name of contributor [Redacted]	Amount of contribution (\$) 750.00
Contributor address; City; State; Zip Code [Redacted] Beeville, TX 78104	Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date 08/30/23	Full name of contributor [Redacted]	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code [Redacted] VICTORIA, TX 77902	Principal occupation / Job title (See Instructions)	Employer (See Instructions)

--	--

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# 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: 8
2 FILER NAME ALDEN E. SouthmAYD III		3 Filer ID (Ethics Commission Filers)
4 Date 09 08 23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) [REDACTED]	7 Amount of contribution (\$) 500.00
6 Contributor address; City: Beeville, TX State: Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09 08 23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) [REDACTED]	Amount of contribution (\$) 750.00
Contributor address; City: Beeville, TX State: Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09 11 23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) [REDACTED]	Amount of contribution (\$) 500.00
Contributor address; City: Beeville, TX State: Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09 11 23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) [REDACTED]	Amount of contribution (\$) 100.00
Contributor address; City: Beeville, TX State: Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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: 8
2 FILER NAME: Alden E. Southmayd III		3 Filer ID (Ethics Commission Filers)
4 Date: 09/08/23	5 Full name of contributor: [Redacted] <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address, City, State, Zip Code: [Redacted] Beeville, TX	7 Amount of contribution (\$): 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date: 09-13-2023	Full name of contributor: [Redacted] <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address, City, State, Zip Code: [Redacted] Beeville, TX	Amount of contribution (\$): 750.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date: 09/06/23	Full name of contributor: [Redacted] <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address, City, State, Zip Code: [Redacted] Beeville, TX	Amount of contribution (\$): 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date: 09/11/23	Full name of contributor: [Redacted] <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address, City, State, Zip Code: [Redacted] Bossier city LA	Amount of contribution (\$): 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# 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: <b>8</b>
2 FILER NAME <b>Alden E. Southmayd III</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>09 21 23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: [Redacted]	7 Amount of contribution (\$) <b>750<sup>00</sup></b>
6 Contributor address; City; State; Zip Code [Redacted] <b>Beeville, TX</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>09 27 23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: [Redacted]	Amount of contribution (\$) <b>500<sup>00</sup></b>
Contributor address; City; State; Zip Code [Redacted] <b>Beeville, TX</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>09 27 23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: [Redacted]	Amount of contribution (\$) <b>750<sup>00</sup></b>
Contributor address; City; State; Zip Code [Redacted] <b>Beeville, TX</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>10 02 23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: [Redacted]	Amount of contribution (\$) <b>500<sup>00</sup></b>
Contributor address; City; State; Zip Code [Redacted] <b>Beeville, TX</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

**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: <b>8</b>
2 FILER NAME <b>ALDEN E. Southmayd III</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10/07/23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: [Redacted] 6 Contributor address; City; State; Zip Code [Redacted] <b>Beeville, TX</b>	7 Amount of contribution (\$) <b>500<sup>00</sup></b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>10/10/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: [Redacted] Contributor address; City; State; Zip Code [Redacted] <b>Beeville, TX</b>	Amount of contribution (\$) <b>100<sup>00</sup></b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>10/10/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: [Redacted] Contributor address; City; State; Zip Code [Redacted] <b>Beeville, TX</b>	Amount of contribution (\$) <b>100<sup>00</sup></b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>10/09/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: [Redacted] Contributor address; City; State; Zip Code [Redacted] <b>Beeville, TX</b>	Amount of contribution (\$) <b>200<sup>00</sup></b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		



**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: 8
2 FILER NAME Ahten E. Southmayer III		3 Filer ID (Ethics Commission Filers)
4 Date 10 09 23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ) [Redacted] 6 Contributor address; City; State; Zip Code [Redacted] Beeville, TX	7 Amount of contribution (\$) 750 <sup>00</sup>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10 06 23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ) [Redacted] Contributor address; City; State; Zip Code [Redacted] Beeville, TX	Amount of contribution (\$) 750 <sup>00</sup>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10 10 23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ) [Redacted] Contributor address; City; State; Zip Code [Redacted] Beeville, TX	Amount of contribution (\$) 500 <sup>00</sup>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09 28 23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ) [Redacted] Contributor address; City; State; Zip Code [Redacted] George West, TX	Amount of contribution (\$) 750 <sup>00</sup>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

**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: 8
2 FILER NAME Alden E. Southmayd III		3 Filer ID (Ethics Commission Filers)
4 Date 10 12 23	5 Full name of contributor [Redacted] 6 Contributor address: [Redacted] City: San Antonio, TX State: TX Zip Code	7 Amount of contribution (\$) 750.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10 13 23	Full name of contributor [Redacted] City: [Redacted] State: TX Zip Code MINERAL, TX	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10 13 23	Full name of contributor [Redacted] City: [Redacted] State: TX Zip Code Beeville, TX	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10 03 23	Contributor address: [Redacted] City: [Redacted] State: TX Zip Code Beeville, TX.	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**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: 8
2 FILER NAME Alden E. Southmayd		3 Filer ID (Ethics Commission Filers)
4 Date 10 13 23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) [Redacted]	7 Amount of contribution (\$) 2000 <sup>00</sup>
6 Contributor address; City; State; Zip Code [Redacted] Beeville, TX		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10 13 23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AT DOOR #50 <sup>00</sup> TICKETS	Amount of contribution (\$) 2,938 <sup>00</sup>
Contributor address; City; State; Zip Code AND DONATIONS - GRAND		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12 10 23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) [Redacted]	Amount of contribution (\$) 250 <sup>00</sup>
Contributor address; City; State; Zip Code [Redacted] MINERAL, TX.		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

**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  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule F1: <b>8</b>	2 FILER NAME <b>ALDEN E. Southmayd III</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>08-18-23</b>	5 Payee name <b>The UPS Store</b>	
6 Amount (\$) <b>181<sup>32</sup></b>	7 Payee address; <b>100 E. Hutchinson Beeville, TX. 78102</b>	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>PRINTING EXPENSES</b>	(b) Description <b>CAMPAIGN KICK OFF</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <b>09-07-23</b>	Payee name <b>Ruben GARZA</b>	
Amount (\$) <b>1,000<sup>00</sup></b>	Payee address; <b>2461 HWY 59 E. Beeville, TX. 78102</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE</b>	Description <b>DEPOSIT FOR THE GRAND</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <b>09-25-23</b>	Payee name <b>Bee County Republican Club</b>	
Amount (\$) <b>500<sup>00</sup></b>	Payee address; <b>2675 AIRPORT Rd. Beeville, TX 78102</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>CONTRIBUTION FOR Republican Roundup</b>	Description <b>TABLE SPONSOR</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, 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 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  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule F1: <b>8</b>	2 FILER NAME <b>ALDEN E. South MAYOR III</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>10-13-23</b>	5 Payee name <b>AMERICANA ARMS</b>	
6 Amount (\$) <b>1,547<sup>85</sup></b>	Payee address; <b>4022 US 181 S. Beeville, TX. 78102</b>	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>EVENT Auction ITEMS</b>	(b) Description <b>1-coht .45 PISTOL 1-Benelli .12 GA.</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <b>10-13-23</b>	Payee name <b>RUBEN GARZA</b>	
Amount (\$) <b>1,500<sup>00</sup></b>	Payee address; <b>2461 Hwy 59 W. Beeville, TX 78102</b>	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	Description <b>Balance for Rental of The Grand</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <b>10-13-23</b>	Payee name <b>TELES GOMEZ</b>	
Amount (\$) <b>3,987<sup>50</sup></b>	Payee address; <b>701 E. Herford Beeville, TX. 78102</b>	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Food/Beverage Expense</b>	Description <b>CATERING MEAL FOR KICK OFF</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, 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 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  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule F1: <b>8</b>	2 FILER NAME <b>ALDEN E. SOUTHMAN</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>10-12-13</b>	5 Payee name <b>WAL GREENS</b>	
6 Amount (\$) <b>51.79</b>	7 Payee address; City; State; Zip Code <b>300 E. Houston Beeville, TX 78102</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>PRINTING FOR KICKOFF EVENT</b>	(b) Description <b>PLACARDS FOR SPONSOR TABLES</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date <b>10-13-23</b>	Payee name <b>SHELL</b>	
Amount (\$) <b>674.75</b>	Payee address; City; State; Zip Code <b>7104 N. NAVARRO Victoria, TX 78904</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSES</b>	Description <b>COOKIE ETC. FOR CAMPAIGN KICKOFF</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date <b>10-24-23</b>	Payee name <b>TOTAL GRAPHICS</b>	
Amount (\$) <b>623.52</b>	Payee address; City; State; Zip Code <b>612 N. WASHINGTON Beeville, TX 78102</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>PRINTING EXPENSES</b>	Description <b>RE-ELECT STICKERS FOR CAMPAIGN SIGNS</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	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  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule F1: <b>8</b>	2 FILER NAME <b>ALDEN E. Southmayd</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>11-30-23</b>	5 Payee name <b>TRACTOR SUPPLY CO.</b>	
6 Amount (\$) <b>60<sup>58</sup></b>	7 Payee address; City; State; Zip Code <b>2500 N. ST. MARY'S BEEVILLE, TX 78109</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>	(b) Description <b>Zip Ties</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>11-15-23</b>	Payee name <b>Bee County Republican Party</b>	
Amount (\$) <b>750<sup>00</sup></b>	Payee address; City; State; Zip Code <b>2675 AIRPORT Rd. Beeville, TX 78102</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Fees</b>	Description <b>Filing Fee</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>11-30-23</b>	Payee name <b>WAL MART</b>	
Amount (\$) <b>20<sup>34</sup></b>	Payee address; City; State; Zip Code <b>502 E. FM351 Beeville, TX. 78102</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>Duct TApe</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, 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 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  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>8</b>	2 FILER NAME: <b>Alden E. Southman</b>	3 Filer ID (Ethics Commission Filers): <b>NT</b>
-------------------------------------	--	--

4 Date: <b>12-01-23</b>	5 Payee name: <b>WALMART</b>
-------------------------	------------------------------

6 Amount (\$): <b>226 <sup>96</sup></b>	7 Payee address; City; State; Zip Code: <b>502 E. Fm 351 Beeville, TX 78102</b>
---	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): <b>Advertising</b>	(b) Description: <b>Decorations for Political Parade Entry</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date: <b>12-02-23</b>	Payee name: <b>WALMART</b>
-----------------------	----------------------------

Amount (\$): <b>40 <sup>19</sup></b>	Payee address; City; State; Zip Code: <b>502 E. Fm 351 Beeville, TX 78102</b>
--------------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <b>Advertising</b>	Description: <b>Decorations for Political Parade Entry</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date: <b>12-02-23</b>	Payee name: <b>DOLLAR TREE</b>
-----------------------	--------------------------------

Amount (\$): <b>64 <sup>95</sup></b>	Payee address; City; State; Zip Code: <b>414 E. Fm 351 Beeville, TX 78102</b>
--------------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <b>Advertising</b>	Description: <b>Decorations for Political Parade Entry</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	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                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | 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: <b>8</b>	2 FILER NAME <b>Alden F. Southmayd III</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>12-01-23</b>	5 Payee name <b>KRISTOFER LINNEY</b>	
6 Amount (\$) <b>1,500<sup>00</sup></b>	7 Payee address; City; State; Zip Code <b>3413 W. Hwy 59 Beeville, TX 78102</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>CONTRIBUTION BY CANDIDATE</b>	(b) Description <b>FROM CAMPAIGN TO CAMPAIGN</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <b>12-04-23</b>	Payee name <b>RAINBOW PRINTING</b>	
Amount (\$) <b>252<sup>02</sup></b>	Payee address; City; State; Zip Code <b>9193 WINKLER SUITE G HOUSTON, TX 77017</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	Description <b>DOOR HANGERS</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <b>12-11-23</b>	Payee name <b>SUTHERLANDS</b>	
Amount (\$) <b>223<sup>55</sup></b>	Payee address; City; State; Zip Code <b>2201 N. ST. MARY'S Beeville, TX 78102</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	Description <b>WOOD FOR FRAMES TO HOLD SIGNS</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, 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 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                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | 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: <b>8</b>	2 FILER NAME <b>ALDEN E. Southman III</b>	3 Filer ID (Ethics Commission Filers)
--	--	---------------------------------------

4 Date <b>12-11-23</b>	5 Payee name <b>WAL MART</b>
---------------------------	---------------------------------

6 Amount (\$) <b>4425</b>	7 Payee address; City; State; Zip Code <b>502 E. FM 351 Beeville, TX 78102</b>
------------------------------	---

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date <b>12-11-23</b>	Payee name <b>USPS P.O. 4</b>
-------------------------	----------------------------------

Amount (\$) <b>264<sup>00</sup></b>	Payee address; City; State; Zip Code <b>111 N. ST. MARY'S Beeville, TX 78102</b>
--	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>Postage STAMPS</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date <b>12-19-23</b>	Payee name <b>SQ BERNARDO DIAZ</b>
-------------------------	---------------------------------------

Amount (\$) <b>1,980<sup>20</sup></b>	Payee address; City; State; Zip Code <b>2312 S. TOURIST EDINBURG, TX 78539</b>
--	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>CAMPAIGN SIGNS</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, 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 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  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
8	Arden E. Southmayd	
<b>4</b> Date	<b>5</b> Payee name	
12-29-23	AMAZON	
<b>6</b> Amount (\$)	<b>7</b> Payee address;	City; State; Zip Code
64.94		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
	Advertising	STAKES FOR CAMPAIGN SIGNS
<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> 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
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
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
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, 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 NEEDED**