		CEHOLDER E REPORT			FORM C/OH SHEET PG 1	
The C/OH Instruction (	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages	filed: Y	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST RAW	D Y	OFFICE USE ONLY		
NAME	NICKNAME	LAST	SUFFIX	BEE COUNTY E	LECTIONS ADMINISTRATIC	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	6070 YUCCA	STATE: ZIP CODE		B <b>2 6</b> 2024	
Change of Address		BEEVILLE, 7	TX 78/02	REC	EIVED	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	222 - 915 6	EXTENSION		ed or Date Postmarked	
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$	
NAME	NICKNAME	()ANNY LAST	SUFFIX	Date Processed		
	Wordware	DO BUN		Date Imaged		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX PLEASE); AFT / SL	OTE #; CITY:	STATE;	ZIP CODE	
(Residence or Business)		BrEVILLE	TX. 78/02			
8 CAMPAIGN TREASURER PHONE	( 36 ( )	362-8794	EXTENSION			
9 REPORT TYPE	January 15	30th day before el		treasurer	after campaign appointment ider Only)	
	July 15	8th day before elec	ction Exceeded Modified Reporting Limit	Final Rep	port (Attach C/OH - FR)	
10 PERIOD COVERED	Month /	Day Year / 26 / 2 4	THROUGH 2	Day Y	2 W	
11 ELECTION	Month Day	Year	Runoff Other Description Special			
12 OFFICE	OFFICE HELD (if any)	NONE	13 OFFICE SOUGHT (If known		HERIFF	
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICENOLDER'S INNOV.EDGE OR CONSENT. CANDIDATES AND OFFICENOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME			
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS			
		GO TO	PAGE 2			

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME	RANDY AGVINAE	16 Filer ID (Ethics Commission Filers)				
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTION     PLEDGES, LOANS, OR GUARANTEES OF LOA     CONTRIBUTIONS MADE ELECTRONICALLY)					
,	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARAN	NTEES OF LOANS)				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	s 81.06				
	4. TOTAL POLITICAL EXPENDITURES	\$ 81.06				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAIN OF REPORTING PERIOD	SED AS OF THE LAST DAY \$ 5093.14				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTAN LAST DAY OF THE REPORTING PERIOD	DING LOANS AS OF THE \$				
I .	wear, or affirm, under penalty of perjury, that the accompa quired to be reported by me under Title 15, Election Code.	anying report is true and correct and includes all information				
Rand Quul Signature of Candidate or Officeholder						
Please complete either option below:						
(1) Affidavit						
NOTARY STAMP/SEAL						
Sworn to and subscribed before me by RANDY AGUTINITY this the 26 day of FEBRUARY						
20, to certify which, witness my hand and seal of office.						
Signature of officer administe	ring oath Printed name of officer administering	oath Title of officer administering oath				
(2) Unsworn Declaration						
My name is	D A K. ( )	my date of birth is				
My address is 60 70		Willi TX TELOZ BEF.				
IRF I	(street)	(city) (state) (zip code) (country)				
Executed in 1061	County, State of, on the 29	day of (month), 20 24.				
	1-1/2	Signature of Candidate/Officeholder (Declarant)				

### **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

19	FILER NAME RANDY ADVINATE  20 Filer ID (Ethics	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	s
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	\$ 81.06
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/O	- S
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	s
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

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
Candibas/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment		Expense Wages/Contract Labor complete this form.	Travel Out of Distric Other (enter a catego	
Total pages Schedule G:	2 FILER NAME RANDY AGU	iant	3 Filer ID (Ethics	Commission Filers)
Date 1/28/24	DANDY AGU 5 Payee name TRACTON SU	pply		
Amount (\$)	7 Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended		BEVIUE	TX.	78102
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		,
OF EXPENDITURE	ADVGNT/S/WG /=X/G/WS/ (c) Check If travel outside of Texas. Complete Schedule T.	7-10515	& CABLA	TUSS Fon Sty
	(c) 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/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
Da Enditola	Check if travel outside of Texass. Complete Schedule T.	Check If Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See Celegories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check If Austin	n, 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 NEED	)ED	