CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE / MS / MRS / MR MI OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received SUFFIX NICKNAME 4 CANDIDATE / ADDRESS / PO BOX: STATE CITY: ZIP CODE OFFICEHOLDER MAILING **ADDRESS** Change of Address 5 CANDIDATE/ PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** PHONE Receipt # Amount \$ FIRST 6 CAMPAIGN **TREASURER** Date Processed NAME NICKNAME SUFFIX Date Imaged STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: STATE 7 CAMPAIGN ZIP CODE TREASURER Southleke, Texas ADDRESS (Residence or Business) AREA CODE 8 CAMPAIGN PHONE NUMBER EXTENSION **TREASURER** JUL 1 2 2024 PHONE 9 REPORT TYPE TARRANT APPRAISAL DISTRICT January 15 30th day before election Runoff (Officeholder Only) July 15 Exceeded Modified Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Month COVERED THROUGH 11 ELECTION ELECTION DATE ELECTION TYPE Runoff Other Description General Special 12 OFFICE 13 OFFICE SOUGHT (if known) 14 NOTICE FROM 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. POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME	Stylent for TAD Board of Dir. 16 Filer	ID (Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$		
	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,550		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$		
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,062.90		
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,062.90 \$ 6,536.84		
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5,000		
	wear, or affirm, under penalty of perjury, that the accompanying report is true and co	rrect and includes all information		
re	quired to be reported by me under Title 15, Election Code.			
	matt By			
	Signature of Candidate	or Officeholder		
	Please complete either option below:			
. Todas complete cities option colors				
(1) Affidavit	DAMIANA REYES			
(1) Amauri	My Notary ID # 11534841 Expires November 21, 2027			
NOTARY STAMP/SEA	L			
A . /	before me by Matthew Charles Bryant this the 12	day of July		
20 <u>24</u> , to certify	which, witness my hand and seal of office.			
	Damiana Keyes Custome	r Service Supervison		
Signature of officer administe	17-	Title of officer administering oath		
	OR			
(2) Unsworn Declarati	on			
My name is	, and my date of birth is			
İ		•		
,	(street) (city) (state)	(zip code) (country)		
Evenuted :-		' ' ' '		
Executed In	County, State of, on the day of(month)	, 20 (year)		
	Signature of Candidate/Offic	oholder (Declarant)		

SUBTOTALS - C/OH

19	mmission Filers)	
	Mett Bryant for TAD Bourd of Directors	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,550
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$5,000
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5,000
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	\$

LOANS

SCHEDULE E

	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 E:					
2	Matt Brant for TAD Board of Directors				3 Filer ID (Ethics Commission Filers)	
4	TOTAL OF UN	IITEMIZED LOANS				\$ 5,000
5	Date of loan 3/12/2024	7 Name of lender Math Brown	out-of-state F	PAC (ID#:)	9 Loan Amount (\$)
	ls lender a financial Institution?	8 Lender address;	City;	State;	Zip Code	10 Interest rate
	Y Ø	Sothlake, TX	760	92		11 Maturity date
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See	Instructions)	
14	Description of Coll none	ateral			if personal func it (See Instructi	ds were deposited into political ons)
16	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)
	not applicable	18 Guarantor address;	City;	State;	Zip Code	
20	Principal Occupat	ion (See Instructions)		21 Employer (See	Instructions)	
300	Date of loan	Name of lender	out-of-state F	PAC (ID#:)	Loan Amount (\$)
	Is lender a financial Institution?	Lender address;	City;	State;	Zip Code	Interest rate
	Y N					Maturity date
	Principal occupation	on / Job title (See Instructions)		Employer (See	Instructions)	
	Description of Colla	ateral			if personal fund t (See Instructi	ls were deposited into political ons)
	GUARANTOR INFORMATION	Name of guarantor				Amount Guaranteed (\$)
		Guarantor address;	City;	State;	Zip Code	
Į	not applicable Principal Occupati	on (See Instructions)		Employer (See	Instructions)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender 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

in the requested intermediate for the tapping and in the report.				
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:			
2 FILER NAME Matt Bryant for TAD Board of Directors	3 Filer ID (Ethics Commission Filers)			
4 Date 5 Full name of contributor out-of-state PAC (ID#:) 4/26/24 6 Contributor address; City; State; Zip Code 7/6012	7 Amount of contribution (\$)			
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 10 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	tions)			
Date Full name of contributor out-of-state PAC (ID#:) Uand Magg: Contributor address; City; State; Zip Code Satlake, 7X Trans.				
Principal occupation / Job title (See Instructions) Employer (See Instructions) Self	tions)			
Date Full name of contributor out-of-state PAC (ID#:) Brian Williams Contributor address; City; State; Zip Code	Amount of contribution (\$) \$ 500. 20			
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)			
Date Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code	Amount of contribution (\$)			
Principal occupation / Job title (See Instructions) Employer (See Instruc	tions)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	IEEDED			

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 Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Waces/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to		ner (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Matt Bryat for TAD	Bordet Dir. 31	Filer ID (Ethics Commission Filers)
4 Date 4/24/2w2	5 Payee name		
\$ 2. 30	7 Payee address: 101 K St. NW Washington	A 2000	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	fees	fundady	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4/27/2024	Ren		
Amount (\$)	Payee address;	City;	State; Zip Code
\$40.30	1101 KS+. NU wastista	DC, 20003	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	T-e-3	Fundicis 1-,	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4/30/2024	Revu		
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 20.30	101 KSt. Nu Washingto.	. DC 2005	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	fees	fundrais las	
	Check if travel outside of Texas. Complete Schedule T.	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	S SCHEDULE AS NEEDEL	D

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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/ The Instruction Guide explains how to describe the services and the services are services.	Vages/Contract Labor Other (enter a category not listed above) complete this form.
1 Total pages Schedule F1:	Most Broad for TAD	Board is Dir. 3 Filer ID (Ethics Commission Filers)
4 Date 06/01/2024	5 Payer name Edgerto Strategico	
6 Amount (\$)	7 Pavee address:	28.402 Kelkr, TX 76248
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	Consulting Experse	CONSULTING
	(c) Check if travel outside of Texas. Complete Schedule T.	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	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T.	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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

CAMPAIGI	I FINANCE REPORT		
15 C/OH NAME Eric Morris		16 Filer ID (Et	thics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	50.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0
	4. TOTAL POLITICAL EXPENDITURES	\$	2.30
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	T DAY \$	47.70
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$	0
	Please complete either enties below		
(1) Affidavit	DAMIANA REYES My Notary ID # 11534841 Expires November 21, 2027	:	
(1) Amdavit			
NOTARY STAMP/SEA			Y 2
Sworn to and subscribed	before me by Eric Steven Morris this the	a day	of July
20 24 , to certify	which, witness my hand and seal of office.		
	Reyes	***************************************	er Service Superi
Signature of officer administe		Title o	f officer administering oath
(2) Unewers Dealers	OR		
(2) Unsworn Declaration	, m		
My name is	, and my date of birth is		

My address is

Executed in ___

_____ County, State of _____ , on the ___

(street)

(state)

Signature of Candidate/Officeholder (Declarant)

(month)

(zip code)

(year)

(city)

____ day of _

(country)

SUBTOTALS - C/OH

	FILER NAME C Morris	20 Filer ID (Ethics Commission	on Filers)
	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTR	BUTIONS \$	50.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) PO	TICAL CONTRIBUTIONS \$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	SCHEDULE E: LOANS	\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES N	DE FROM POLITICAL CONTRIBUTIONS \$	2.30
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATION	us \$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENT	MADE FROM POLITICAL CONTRIBUTIONS \$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CI	EDIT CARD \$	
9.	SCHEDULE G: POLITICAL EXPENDITURES M	DE FROM PERSONAL FUNDS \$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITI	AL 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		

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 t	this form.	1 Total pages Schedule A1:
2 FILER NAME Eric Morris			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state BECKY WAMBSGANSS		7 Amount of contribution (\$)
04/25/2024	6 Contributor address; City; Southlake, TX		50.00
O. Delevious and	- story / John Mills (Con Joseph Mills)	O Francisco (See Instruct	Vona
Retired	pation / Job title (See Instructions)	9 Employer (See Instruct Retired	uoris)
Date	Full name of contributor out-of-state	PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state	PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor out-of-state	PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
	ATTACH ADDITIONAL COPII If contributor is out-of-state PAC, please see In		

Forms provided by Texas Ethics Comm

Reset Form

s.sta

Reset Page Revised 1/1/2024

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 Overthead/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 complete this form

	the instruction duide explains now to c	ompiete tins form.		
1 Total pages Schedule F1:	2 FILER NAME Eric Morris		3 Filer ID (Ethic	s Commission Filers)
4 Date 04/25/2024	5 Payee name Anedot, Inc.			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
2.30	5555 Hilton Ave. Suite 106 Baton Ro	uge, LA 70808		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Solicitation/Fundraising expense	Online Donati	on Processin	g Fee
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	-	Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

Forms provided by Texas Ethics Com

Reset Form

cs.s

Reset Page

Revised 1/1/2024

CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE / MS / MRS / MR FIRST MI OFFICE USE ONLY **OFFICEHOLDER** Eric Mr. S NAME Date Received SUFFIX NICKNAME LAST Morris 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **OFFICEHOLDER** Haltom City, TX 76117 MAILING. **ADDRESS** Change of Address PHONE NUMBER EXTENSION 5 CANDIDATE/ AREA CODE Date Hand-delivered or Date Postmarked OFFICEHOLDER PHONE Receipt # Amount \$ FIRST МІ MS / MRS / MR 6 CAMPAIGN TREASURER Eric S Mr. Date Processed NAME LAST SUFFIX NICKNAME Date Imaged Morris STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE: ZIP CODE 7 CAMPAIGN TREASURER 5709 Fairway Circle, Haltom City, TX 76117 **ADDRESS** (Residence or Business) EXTENSION 8 CAMPAIGN AREA CODE PHONE NUMBER TREASURER PHONE 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) Exceeded Modified July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Month Day Year COVERED 06 30 24 25 04 24 THROUGH **ELECTION DATE ELECTION TYPE** 11 ELECTION Primary Runoff Other Month Dav Year Description 04 24 OFFICE HELD (if any) 12 OFFICE 13 OFFICE SOUGHT (if known) Tarrant Appraisal District Board of Directors Place 1 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 14 NOTICE FROM **POLITICAL** CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS **GENERAL** Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME	lie J. Rigney	er ID (Ethics Commission Filers)	
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 750.00	
EXPENDITURE TOTALS	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0	
	4. TOTAL POLITICAL EXPENDITURES	\$ 0	
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,140.90	
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$10,000.00	
	swear, or affirm, under penalty of perjury, that the accompanying report is true and equired to be reported by me under Title 15, Election Code.	correct and includes all information	
	Signature of Candidate	e or Officeholder	
	Please complete either option below:		
(1) Affidavit	DAMIANA REYES My Notary ID # 11534841 Expires November 21, 2027		
NOTARY STAMP/SEA	L	1 1	
Swom to and subscribed		day of <u>July</u> ,	
20 <u>27</u> , to certify	which, witness my hand and seal of office.	2	
a		r Service Supervisa	
Signature of officer administe	ering oath Printed name of officer administering oath	Title of officer administering oath	
	OR		
(2) Unsworn Declarati	ion		
	, and my date of birth is		
My address is			
		(zip code) (country)	
Executed in	County, State of, on the day of(month)	, 20 (year)	
	Signature of Candidate/O	fficeholder (Declarant)	

SUBTOTALS - C/OH

19 FILER NAME 20 Filer ID (Ethics	Commission Filers)
Callie J. Rigney	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$750.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4. SCHEDULE E: LOANS	\$ 10,000.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/O	н \$ О
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

if the reques	ted information is not applicable, DO NOT Inc	clude this page in the r	ероп.
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Callie J. Rigner	1	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC		7 Amount of contribution (\$)
4 29 24	Angela Dreiling 6 Contributor address; City;	State; Zip Code	\$500.∞
8 Principal occup	pat e (See Instruct	Employer (See Instruction	one)
1 h	naver	N/A	01.07
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
4/29/24	Contributor address; City;	State; Zip Code	\$ 250.00
	South	lake TX 76092	
// /	ation / Job title (See Instructions)	Employer (See Instruction	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	nation / Job title (See Instructions)	Employer (See Instructi	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

If the requested	information is not applicable, DO NO	T include this page in the re	port.
The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	allie J. Rigner	ч	
	NITEMIZED LOANS		\$
5 Date of loan	7 Name of lender ut-of-state	PAC (ID#:)	9 Loan Amount (\$)
3/8/2024	Loan to Self		10,000,00
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
YN	(0)181	MilleTX 76034	11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Coll none	ateral	Check if personal fund account (See Instruct	ds were deposited into political ions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City;	State; Zip Code	
not applicable	-		
20 Principal Occupa	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender ut-of-state	PAC (ID#:)	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
YN			Maturity date
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Coll	ateral	— Check if personal fund	ds were deposited into political
none		account (See Instruct	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupat	ion (See Instructions)	Employer (See Instructions)	
If Id	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS NEI	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction G	Suide explains how	to complete this form.	1 Filer ID (Ethio	es Commission Filers)	2 Total pages f	iled:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR MYS-	Callie	•)		USEONLY
	NICKNAME	Riahes	J	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;		CITY; STATE			
Change of Address		Colle	yvilleit	X76034		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER		NSION		d or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR MYG.	callie Callie		ر ر	Receipt #	Amount \$
'""	NICKNAME	LAST		SUFFIX	Date Imaged	
		Rianey	1		Date imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS ((NO PO BOX PLEASE); APT / S		TY;	STATE;	ZIP CODE
(Residence or Business)			COLL	evville	Texas	76034
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTE	nsion		
9 REPORT TYPE	January 15 July 15	30th day before ele	ection E	Runoff Exceeded Modified Reporting Limit	treasurer a (Officehold	fter campaign ippointment er Only) ort (Attach C/OH - FR)
10 PERIOD	Month	Day Year	•	Month	Day Yea	ır
COVERED	4 ,	125/2024	THROUGH	7,	15/20	24
11 ELECTION	ELECTION DA			ELECTION TYPE		4
1	Month Day	Year Primary	Runoff	Other Description	rarrant,	Appraisal
	5/4/	2024 General	Special	Distri	ct Caenera	u Election
12 OFFICE	OFFICE HELD (if any)	ard, Place		CE SOUGHT (if known)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	CE OF POLITICAL CONTRIBUTIONS CEHOLDER. THESE EXPENDITURE B AND OFFICEHOLDERS ARE REQUI	S MAY HAVE BEEN MAD	DE WITHOUT THE CAN	DIDATE'S OR OFFICEHO	LDER'S KNOWLEDGE OR
00000001122(0)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME			
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS			
		GO ТО	PAGE 2			

CANDIDA' CAMPAIG		ORM C/OH HEET PG 1			
The C/OH Instruction (Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages fil	ed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR MR	FIRST	B	OFFICE	USE ONLY
NAME	NICKNAME	Crile	SUFFIX	Date Received RECE	IVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	FOT	WORTH TX	STATE; ZIP CODE	JUI. 1	5 2024
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	DANT 1 1	or Date Dashawar T
6 CAMPAIGN TREASURER	MS / MRS / MR MK	FIRST	M. B.	Receipt #	Amount \$
NAME	NICKNAME	LAST	SUFFIX	Date Imaged	
		Crile		L	
7 CAMPAIGN TREASURER ADDRESS		(NO PO BOX PLEASE); APT / SI		STATE;	ZIP CODE
(Residence or Business)	Fuit	- WORTH T	x 76052		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
9 REPORT TYPE	January 15	30th day before e	lection Runoff	15th day aft treasurer ap (Officeholde	
	July 15	8th day before ele	ction Exceeded Modified Reporting Limit	Final Repor	t (Attach C/OH - FR)
10 PERIOD COVERED	Month O2	Day Year	Month THROUGH	Day Year / 30 / 30	oa4
11 ELECTION	ELECTION DA		ELECTION TYPE		
	Month Day	Year Primary	Runoff Other Description		
	05/04/	3034 General	Special		
12 OFFICE	OFFICE HELD (if any)	None	13 OFFICE SOUGHT (if known	PLACE	2
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	CEHOLDER, THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDITURES M MAY HAVE BEEN MADE WITHOUT THE CANI RED TO REPORT THIS INFORMATION ONLY IF T	DIDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME		
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS		
		GO TO	PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME	Eric B. Crile	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ &
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 282.39
	4. TOTAL POLITICAL EXPENDITURES	\$ 282.39
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY \$ &
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$
18 SIGNATURE se	wear, or affirm, under penalty of perjury, that the accompanying report is true a juired to be reported by me under Title 15, Election Code.	and correct and includes all information
	/ -	
	5 7	2
		341
	Signature of Cano	didate or Officeholder
	Places something the second of the	
	Please complete either option below:	
(4) Affidavit	·	
(1) Affidavit		
NOTARY STAMP/SEAL		
Swom to and subscribed I	hafara ma bu	
Sworn to and subscribed	before me by this the	, day of,
20, to certify v	which, witness my hand and seal of office.	
Signature of officer administer	Timed hame of officer administering path	Title of officer administering oath
	OR	
(2) Unsworn Declaratio	n	
My name is	B CRIPE and my date of hirth is	
	, and my date of birth is	
My address is	FOIT WORTH TX	,
	(street) (city) (stal	
Executed in Tarran	T County, State of Texas on the 15 day of Jul	
	(month)	7 , 20 <u>24</u> . (year)
	5-R	
	Signature of Candidate	e/Officeholder (Declarant)
	-g or our and a	

SUBTOTALS - C/OH

19 FILERNAME ERIC B. CRILE 20 Filer ID (Ethics Con	mmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 6
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 6
4. SCHEDULE E: LOANS	\$ 0
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ &
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 882.39
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 282.39
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ &
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

	EXPENDITURE CATE	EGORIES FOR BOX 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Mad Candidate/Officeholder/Poli		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 complete this form.	USE A NEW PAGE FOR	R EACH CREDIT CARD ISSUER		
1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME ERIL B. Cr	· le	3 FILER ID (Ethics Commission Filers)		
TOTAL OF UNITEMIZED EX	PENDITURES CHARGED TO A CREDIT CARD		\$ 282.39		
CREDIT CARD ISSUER	Name of financial institution Citi BANK				
5 PAYMENT	(a) Amount Charged (b) Date Expenditure	e Charged (c) Date(s) Credit Card Is	suer Paid		
	\$ 191.37 4/83/2	4 4/2	3/24		
PAYEE	(a) Payee name	(b) Payee address;	City, State, Zip Code		
	VISTA PrinT	275 Wyman	ST Waltham MA		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedu				
Political	Advertising Expe	Advertising Expense Yard Signs			
Political Non-Political	(c) Check if travel outside of Texas. Complete		stin, TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office Sought	Office Held		
expenditure to benefit C/OH	ERIC B. Crile	TAD-PLA	None		
AYMENT	(a) Amount Charged (b) Date Expenditure	e Charged (c) Date(s) Credit Card Is			
	5 18.08 4/27/24	4/27/3	94		
AYEE	(a) Payee name Fedex Office	(b) Payee address; 9604 N. Riversid, FORT WORT			
URPOSE OF	(a) Category (See Categories listed at the top of this schedu	(b) Description			
Political	Advertising Expense Flick cards		icrds		
Non-Political	(c) Check if travel outside of Texas. Complete	Schedule T. Check if Au	istin, TX, officeholder living expense		
omplete ONLY if direct	Candidate / Officeholder name	Office Sought	Office Held		
penditure to benefit C/OH	Eric B. Crile	TAD Place 2	None		
AYMENT	(a) Amount Charged (b) Date Expenditure	e Charged (c) Date(s) Credit Card Is			
	\$ 5.95 4/27/20	4 4/27/	> 4		
AYEE	(a) Payee name	(b) Payee address; 9604 N. P. Jerside	City, Dr. State, Zip Code		
	Feder office	9604 N. YLiverside Fort Worth			
URPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedu	41.5	mination of		
Political	Mrinting Expense	(cards		
Non-Political	(c) Check if travel outside of Texas. Complete	Schedule T. Check if A	Austin, TX, officeholder living expense		
omplete ONLY if direct	Candidate / Officeholder name	Office Sought	Office Held		
penditure to benefit C/OH	Fai R	.)	PLACE 2 None		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi	е Ву	Gift/Awards/Memorials Expense Printing		Polling Expens Printing Expens Salaries/Wages	Expense		strict Of District a category not listed above)
The Instruction	Guide explains h	now to complete this	form.	USE	A NEW PAGE FOR I		
1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME	ERIL B.	Crile	و		3 FILER ID	(Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXP	ENDITURES CHARG	GED TO A CREDIT CARI	ō			\$ /	782.39
5 CREDIT CARD ISSUER	Name of financia	ial institution C+: ban	. 14				
6 PAYMENT	(a) Amount Charg		penditure Ch	arged (c) D	ate(s) Credit Card Issu	er Paid	
	\$ 0,40	0 4/8	97/24		4/27/2	14	
7 PAYEE	(a) Payee name Fedex	Office			City. Riversida	Dr.	
8 PURPOSE OF EXPENDITURE Political	(a) Category (see o	Categories listed at the top of			escription	290,2	•
Non-Political	(c) Check if	f travel outside of Texas. C	Complete Sched	lule T.	Check if Austin	n, TX, officehol	der living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Offic	_	Crite	Office Sou	MD - Place		Rice Held None
PAYMENT	(a) Amount Charge	ed (b) Date Exp	penditure Cha		te(s) Credit Card Issue		
	\$ Ce.93	3 5	19/24		5/2/2	14	
PAYEE	(a) Payee name	Depot	(b) Pa	ayee address; Richlen	31 Blud Cit	がら T×	State, Zip Code
PURPOSE OF EXPENDITURE Political		Tins Exp		(b) De	Flick	c Car	ds
Non-Political	(c) Check if	travel outside of Texas. C	omplete Sched	ule T.	Check if Austin	n, TX, officehol	der living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Office		r.Le	Office Sou	-		ice Held
	(a) Amount Charge	ed (b) Date Exp	Senditure Cha	rged (c) Da	te(s) Credit Card Issue	Paid 124	
PAYEE	(a) Payee name	Deput		iyee address; S131 Rich Ica	Blud B	TX	State, Zip Code
PURPOSE OF EXPENDITURE Political Non-Political	Prin		ense				Card S
		travel outside of Texas. Co	omplete Schedi				older living expense
Complete ONLY if direct expenditure to benefit C/OH	ERic	B. C	rik	Office Sou	AO - PLA		None
	ATTACH	ADDITIONAL CO	PIES OF	THIS SCHE	DULE AS NEED	ED	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit	By Gift/Award	erage Expense ds/Memorials Expens vices	Office C Polling e Printing Salaries	epayment/Reimt Werhead/Renta Expense Expense s/Wages/Contra	Expense	Solicitation/Fundraisin Transportation Equipr Travel In District Travel Out Of District Other (enter a categor ACH CREDIT CAR	nent & Related Expense ry not listed above)
1 TOTAL PAGES SCHEDULE F4: 3	- 5450 44445	B. (332 7 1121	TAGE TON E		Commission Filers)
4 TOTAL OF UNITEMIZED EXP	PENDITURES CHARGED TO A	CREDIT CARD				5 282	39
5 CREDIT CARD ISSUER	Name of financial institut	i bank					
6 PAYMENT	(a) Amount Charged \$ ない40	(b) Date Expendit		(c) Date(s) C	redit Card Issue	er Paid 24	-
7 PAYEE	(a) Payee name Fedex	office	(b) Payee ad	ldress; <u>B</u> . St Carape	City	Hwy 1	Zip Code 14 05^/
8 PURPOSE OF EXPENDITURE Political	(a) Category (See Categories lit	,		(b) Descripti	on	CK Card	S
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder	name R. CR.1	Of	fice Sought	Check if Austin,	Office Held	·
PAYMENT	(a) Amount Charged	(b) Date Expendit	ure Charged	(c) Date(s) Co	redit Card Issue	er Paid	
PAYEE	(a) Payee name		(b) Payee ad	dress;	City	, State,	Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories lis	ted at the top of this sche	dule)	(b) Description	on		
Non-Political	(c) Check if travel out:	side of Texas. Complet	e Schedule T.		Check if Austin	, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder r	ame	Off	ice Sought		Office Held	
PAYMENT	(a) Amount Charged \$	(b) Date Expenditu	ire Charged	(c) Date(s) Cr	edit Card Issue	r Paid	
PAYEE	(a) Payee name		(b) Payee add	dress;	City	, State,	Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories list	ted at the top of this sche	dule)	(b) Description	on		
Non-Political	(c) Check if travel outs	ide of Texas. Complet	e Schedule T.		Check if Austi	in, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder n	ame	Off	ice Sought		Office Held	
	ATTACH ADDIT	IONAL COPIES	S OF THIS	SCHEDULI	E AS NEEDI	ED	

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 Candidate/Officeholder/Politic	cal Committee 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 G:	2 FILER NAME ERIC B. CRILE 3 Filer ID (Ethics Commission Filers)
4 Date 4/23/24	5 Payee name Vista Print
6 Amount (\$) \[\sum_{\text{\$1.37}} \] Reimbursement from political contributions intended	7 Payee address; Zip Code 275 Wyman ST Waltham MA 02451
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Vard 5:575
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	ERIC B. CRIK TAD - PLACE 2 Wone
U/27/24	Payee name Fed ex Office
Amount (\$) 1	Payee address; City: State; Zip Code G604 N. Riverside Dr. STE 104 For Werth TX 76244
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense Description Flick Cards
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Office holder name Office sought Office held OH ERIC B. Crik TAP_PLACE 2 None OH OFFICE HELD O
4/27/24	Payee name Feder Office
Amount (\$) 5.95 Reimbursement from political contributions intended	Payee address; City; State; Zip Code GGOUN. Riverside Dr. STE 164 FOT WORTH TX 76244
PURPOSE OF EXPENDITURE	Category (See Cafegories listed at the top of this schedule) Printing Expuse Cards Description Camination of Cards
	Check if Lastin, TX, officeholder living expense Candidate / Officeholder name Office sought
Complete ONLY if direct expenditure to benefit C/OH	ERIC B. Crik TAD. PLACE 2 None
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Candidate/Officeholder/Polit Credit Card Payment	riavel Out of District
1 Total pages Schedule G:	2 FILER NAME ERIC B- CRIL 3 Filer ID (Ethics Commission Filers)
4 Date 4 27 24	5 Payee name Feder Office
6 Amount (\$) O. 10 Reimbursement from political contributions intended	7 Payee address; GLOY N. River Side Dr. STE 104 For WORTH TX 76244
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense Paper Copies
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Office holder name Office sought Office held ERIC B. CRIK TAD-PLACE 2 None
5/a/a4	Payee name Office Depot
Amount (\$) L 193 Reimbursement from political contributions intended	Payee address; State; Zip Code 9131 Blud 26 N. Richland Hills TX 76186
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expens: Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX. officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	
5/3/24	Payee name Office Depot
Amount (\$) Reimbursement from political contributions intended	Payee address; Zip Code GI31 Blvd Bl. N. Rich and Hills TX 76180
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Typings Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Office holder name Office sought Office sought Office held TAB-PIACE 2 None
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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)

Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	
1 Total pages Schedule G:	ERic B. CRile
5/4/24	5 Payee name Feder Office
6 Amount (\$) 21.40 Reimbursement from	7 Payee address; 415 P. STATE HWY 114 State; Zip Code
political contributions intended	Grape vine TX 76051
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Flick CARDS
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Office holder name Office sought Office held ERic B. Gila TAN-PIACE 2 None
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
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought Office held OH
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
	Check if travel outside of Texas. Complete Schedule T. 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

		CE REPORT		FORM C/OH COVER SHEET PG 1
The C/OH Instruction	Guide explains how	v to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR MR	FIRST	B	OFFICE USE ONLY
NAME	NICKNAME	Crile	SUFFIX	Date Received RECEIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX		CITY: STATE; ZIP CODE	JIL 15 2024
Change of Address 5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered of Date Posterior ERI
6 CAMPAIGN TREASURER NAME	MS / MRS / MR /12 NICKNAME	ERIC LAST	B ^{MI} SUFFIX	Receipt # Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS	(NO PO BOX PLEASE); APT / S		STATE: ZIP CODE 2TH TX 76052
CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
REPORT TYPE	January 15 July 15	30th day before ele		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
0 PERIOD COVERED	Month Ø7	Day Year / 01 / 3034	THROUGH 07	Day Year / 15 / 2024
1 ELECTION	Month Day	Year Primary 1034 General	Runoff Other Description Special	
2 OFFICE	OFFICE HELD (if any)	None	13 OFFICE SOUGHT (if known)	Place 2
4 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURES	S MAY HAVE BEEN MADE WITHOUT THE CAND	ADE BY POLITICAL COMMITTEES TO SUPPORT IDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR MEY RECEIVE NOTICE OF SUCH EXPENDITURES.
	GENERAL	COMMITTEE ADDRESS		
Additional Pages	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME	ERIC B CRILE 16 FI	iler ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0
	swear, or affirm, under penalty of perjury, that the accompanying report is true and dequired to be reported by me under Title 15, Election Code.	correct and includes all information
"	equired to be reported by the dilder Title 15, Election Code.	
	6 5	2 M L
		2
	Signature of Candidate	e or Officeholder
	Please complete either option below:	
(1) Affidavit		
(1) Allidavit		
NOTARY STAMP/SEA	AL	
Sworn to and subscribed	d before me by this the	day of,
20, to certify	y which, witness my hand and seal of office.	
Signature of officer administ	tering oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declarat	ion	
My name is	ERIC TS. CRIVE, and my date of birth is	
My address is	FORT WORTH . TX	76052, U.S.
	(street) (city) (state)	(zip code) (country)
Executed in 1arra	County, State of Texas , on the 15 day of Tuly (month)	20 <u>Ø 9</u>
	- 3 P	CC
	Signature of Candidate Offi	iceholder (Declarant)

SUBTOTALS - C/OH

19 FILERNAME ERIL PS. CRIL	ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ -6
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$.8
4. SCHEDULE E: LOANS	\$ 0
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	ONS \$ &
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ -6
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBU	UTIONS \$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	S OF C/OH \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	ons \$ D
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RET TO FILER	TURNED \$ D

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

		The Instruction Guide explains how to complete this form.
		•• Complete only if "Report Type" on page 1 is marked "Final Report" ••
1	C/OH I	VAME ERIC B. CRI/R 2 Filer ID (Ethics Commission Filers)
3	SIGNA	TURE
	designa	expect any further political contributions or political expenditures in connection with my candidacy. I understand that ating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any gn contributions or make any campaign expenditures without a campaign treasurer appointment on file. Signature of Candidate / Officeholder
4		WHO IS NOT AN OFFICEHOLDER splete A & B below only if you are not an officeholder. ••
	A.	CAMPAIGN FUNDS
	Chec	k only one:
	X	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 political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.
	B.	ASSETS
	Chec	conly one:
	X	I do not retain assets purchased with political contributions or interest or other income 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
5		EHOLDER plete this section <i>only</i> if you are an officeholder
		I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.
		Signature of Officeholder