I Thomas Heck did file, my candidate officeholder campaign finance report,

With the Hall County, County/District Clerk Kaci Mills

On Tuesday, January 16, 2024, which included 7 pages

CTA 1

Form c/OH cover sheet page 1

Form c/OH cover sheet page 2

Form c/OH cover sheet page 3

Schedule G (1)

Schedule G (2)

Schedule G (3)

This date January 16, 2024 at

9:17 am o'clock

HALL COUNTY/DISTRICT CLERK FILED 2024 JAN 16 AMB:17

Thomas E. Heck Filed by Kaci Milles

Received and file stamped by

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA PG 1

	See	1 Total pages filed:						
2	CANDIDATE	MS/MRS/MR FIRST MI	OFFICE USE ONLY					
_	NAME		Filer ID #					
		:/o m						
		NICKNAME ŁAST SUFFIX	Date Received					
		Heck						
3	CANDIDATE	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE						
	MAILING ADDRESS	POBOX 145 TURKS TI						
		7926)	Date Hand-delivered or Postmarked					
			Date Hallo-nativeled of Logittalized					
4	CANDIDATE PHONE	AREA CODE PHONE NUMBER EXTENSION	Receipt# Amount\$					
	PHONE	(866) 423 1328	Date Processed					
		(CO) 70- 102 0	54.01,000,000					
5	OFFICE		Date Imaged					
	HELD (if any)	Sheritt						
6	OFFICE		1000 1000 1000					
	SOUGHT (if known)	Sherft						
7	CAMPAIGN	MS/MRS/MR FIRST MI NICKNAME	LAST SUFFIX					
	TREASURER NAME							
	14/-046	11	n 14					
		10m & H	07475. 710 0005					
8	CAMPAIGN TREASURER	STREET ADDRESS; APT/SUITE#; CITY;	STATE; ZIP CODE 762(4)					
	STREET		ş					
l .	ADDRESS							
(residence or business)								
9	CAMPAIGN	AREA CODE PHONE NUMBER EXTENSION	· · · · · · · · · · · · · · · · · · ·					
	TREASURER PHONE							
		(Sol) 423-1328						
-	CANDIDATE							
10	CANDIDATE SIGNATURE	I am aware of the Nepotism Law, Chapter 573 of the Te	exas Government Code.					
		, and a training of the control of t						
		I am aware of my responsibility to file timely reports a	s required by title 15 of					
		the Election Code.						
		Language of the reactions in title 45 of the Election Code as contributions						
		I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.						
		1 i / mal						
	w.	James J. M. Charles III						
	A Annual Control	Signature of Candidate	Date Signed					
<u></u>								
1	00 70 54 07 0							

CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1 CAMPAIGN FINANCE REPORT** 2 Total pages filed: 1 Filer ID (Ethics Commission Filers) The C/OH instruction Guide explains how to complete this form. Мl MS / MRS / MR 3 CANDIDATE/ OFFICE USE ONLY **OFFICEHOLDER** 10Mas NAME SUFFIX NICKNAME ADDRESS / PO BOX; 4 CANDIDATE/ **OFFICEHOLDER** MAILING HALL COUNTY/DISTRICT CLERK **ADDRESS** FILED 2024 JAN 16 AMS 177 Change of Address EXTENSION AREA CODE PHONE NUMBER Date Hand-delivered or Date Postmarked 5 CANDIDATE/ **OFFICEHOLDER** (806) 269-2156 PHONE Amount \$ М 6 CAMPAIGN TREASURER Date Processed NAME SUFFIX Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; ZIP CODE 7 CAMPAIGN P.D. Box 145, Turkey, Tx 79361 TREASURER **ADDRESS** (Residence or Business) EXTENSION PHONE NUMBER AREA CODE 8 CAMPAIGN TREASURER (806) 269-2156 PHONE 9 REPORT TYPE 15th day after campalgn Runoff 30th day before election January 15 treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD COVERED **ELECTION TYPE** 11 ELECTION Month

	3/5/	24	General .	Special			
12 OFFICE	Sher (22		13 OFFICES	SOUGHT (if known)	ı	***************************************
14 NOTICE FROM POLITICAL	THE CAMBIDATE LOCKIC	EUOINER T	HESE EXPENDITURES M	AY HAVE BEEN MADE V	MITHOUT THE CANDIDATI	BY POLITICAL COMMITTEES TO SEES OR OFFICEHOLDER'S KNOWL RECEIVE NOTICE OF SUCH EXPEN	EDGE ON
COMMITTEE(S)	COMMITTEE TYPE	соммити	EE NAME				
. Additional Pages	GENERAL	COMMITTE	EE ADDRESS				
	SPECIFIC	COMMITTI	EE CAMPAIGN TREAS	URER NAME			
		COMMITT	EE CAMPAIGN TREA	SURER ADDRESS			
			GO TO P	AGE 2		·	
Forms provided by Texas E	Ethics Commission		www.ethics.s	state.tx.us		Revised 1	1/15/202

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEGGES, LOANS, OR QUARANTEES OF LOANS, OR GUARANTEES OF LOANS, OR GUA	5 C/OH NAME		16 Filer ID (Ethics Commission Filers)
EXPENDITURE 3, TOTAL UNITEMIZED POLITICAL EXPENDITURE. 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL EXPENDITURES 6. TOTAL POLITICAL EXPENDITURES 7.5.89.47. CONTRIBUTION 6. TOTAL POLITICAL EXPENDITURES 6. TOTAL POLITICAL EXPENDITURES 7.5.89.47. 18 SIGNATURE 1 ewear, 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. CYNTHIA BARILETI NOTARY STAMP/SEA NOTARY STAMP/SEA Sworm to and subscribed before NOTARY STAMP/SEA Sworm to and subscribed before TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE STAMP STA	17 CONTRIBUTION TOTALS	PLEDGES, LOANS, OR GUARANTEES OF LOANS, O	OTHER THAN \$
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OUTSTANDING LOAN TOTALS 8. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 18 SIGNATURE I swear, or affirm, under penelty 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. Please complete either option below: (1) Affidavit NOTARY STAMP / SEA Sworn to and subscribed before The day of the sea of office administering oath Printed hame of officer administering oath Printed hame of officer administering oath OR (2) Unsworn Declaration My name is		4. TOTAL POLITICAL EXPENDITURES	\$ 15.89-42
I swear, or attirm, 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. Signature of Candidate or Officeholder			S OF THE LAST DAY \$
Signature of Candidate or Officeholder Please complete either option below: (1) Affidavit NOTARY STAMP / SEA Sworn to and subscribed before 20 224		TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LAST DAY OF THE REPORTING PERIOD	LOANS AS OF THE \$
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CR CR CR CP CR CP CP CP			Heff Notary
(2) Unsworn Declaration My name is	Signature of officer adminis	stering oath Printed name of officer administering oat	h Title of officer administering oath
My name is		OR	
My address is	(2) Unsworn Declara	ation	
My address is	My name is	, and my	date of birth is
Executed in County, State of, on the day of, 20			
	Executed in	(on only	(manage of the same of the sam

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME THOMAS E. "Tom" HECK 20 Filer ID (Ethics Con	nmission 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	\$
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	\$ 15 89.42
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	\$

NALL COUNTY/DISTRICT CLERK FILED 2024 JAN 16 AMBI 18

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 8 Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)						
	The instruction duids explains now to con-	thiere fina form.						
1 Total pages Schedule G:	e G: 2 FILER NAME THOMAS E. "TON" HECK 3 Filer ID (Ethics Commission Filers)							
4 Date 5/12/23	5 Payee name Speedy Signs USA							
6 Amount (\$) 707.06 Relmbursement from political contributions	7 Payee address;	City;	State; Zip Code HUTT CONNILATORISEKK EITED SOS4 1841 IS					
Intended		\ D	ONO OTHAL MODERNIA					
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Ad Eypense	o) Description Signs						
EXPENDITURE	(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		ffice sought Sherif	office held Sheriff					
Date /0/9/23	US fastprint Com							
Amount (\$) 264. 20 Relmbursement from political contributions Intended	Payee address; 150 S.51st Street	Phoenix	State; Zip Code AZ 85034					
	Category (See Categories listed at the top of this schedule)	Description	:1					
PURPOSE OF	Ad Puperse.	Flusux	atters					
EXPENDITURE		7	TV -te-b-lde-llular events					
	Check if travel outside of Texas, Complete Schedule T.		n, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/		Sherit	Office held Sheriff					
Date 6/23	Vista Print. Com							
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH.	Candidate / Officeholder name	office sought	Sheriff					
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)									
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The Instruction Guide explains how to complete this form.									
1 Total pages Schedule G:	Thomas E. "Tom"	Heck	3 Filer ID (Ethics Commission Filers)						
4 Date 19/33	5 Payee name Build A Sign. COM								
6 Amount (\$) 94.02	7 Payee address;	City;	State; Zlp Code						
Reimbursement from political contributions intended			HALL COUNTY/DISTRICT CLERK HALL COUNTY/DISTRICT CLERK						
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule	b) (b) Description							
PURPOSE OF	Ad Expense	Flaa							
EXPENDITURE	(c) Check if travel outside of Texas, Complete Schedule 1	Check if Austi	n, TX, officeholder living expense						
9	Candidate / Officeholder name .	Office sought	Office held						
Complete <u>ONLY</u> If direct expenditure to benefit C/OH	Thomas E. "Tom" H	eck Sher	iff sheriff						
Date 22 23	Payee name Clarendon Vet Hosp	sital tsupple							
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ReImbursement from political contributions intended	P.O. Drawer H	Jarenoon	TZ 7926						
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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)									
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