# **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how	to complet	te this form.	<b>1</b> Fil	er ID (Ethic	s Commission Filers)	<b>2</b> To	tal pages f	iled: 5
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Mr. Gary				MI OFFICE USE			EUSE ONLY	
(AVIAIT	NICKNAME	Co	le			SUFFIX	Date F	leceived	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX 15718 Wilma			CITY; ΤΧ 76	904	E: ZIP CODE			EFRING 3934
Change of Address									
5 CANDIDATE/ OFFICEHOLDER PHONE	(325)	656-			EXTE	NSION			d or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR Mrs.		fany			MI	Receip		Amount \$
NAME	MICKNAME						. Date P	Date Processed	
	Sheppard			Date I	Date Imaged				
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS 4545 Shingle					TY;		STATE;	ZIP CODE
(Residence or Business)		·····			·				
8 CAMPAIGN	AREA CODE	PHONE I	NUMBER		EXTEN	ISION			
TREASURER	005	000							
PHONE	(325)	262-	5553						
9 REPORT TYPE	January 15	October (inches)	30th day before	election	F	Runoff	grants and all the second		ufter campaign appointment ler Only)
	July 15		8th day before ele	ection	Y	xceeded Modified Reporting Limit	participa de compo	Final Repo	ort (Attach C/OH - FR)
10 PERIOD COVERED	Month 02	/ <b>05</b>	Year  24	Tł	HROUGH	Month 02	23	Y 24	
11 ELECTION	ELECTION DA	ΤE				ELECTION TYP	E		
			Primary		Runoff	Other			
	Month Day	Year				Description			
	03 / 05	/ 24	General		Special	Primary			
12 OFFICE	OFFICE HELD (if any)					E SOUGHT (if know reen Count		stable l	Precinct 4
14 NOTICE FROM POLITICAL	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 OFFICEHOLDER'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 TREASURER NAME								
		COMMITTE	EE CAMPAIGN TR	REASUREF	ADDRESS				
		5	GO TO	PAG	E 2				

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 2

15 C/OH NAME Gary Cole		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)	\$ 1,850.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,850.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 1,410.92
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,410.92
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	1,080.00
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$ 0.00
	Signature of Can	didate or Officeholder
	Please complete either option below	
(1) Affidavit  NOTARY STAMP/SEA		LORI LYNNE SAMS Notary ID #132605723 My Commission Expires August 5, 2024
Sworn to and subscribed	before me by Gary Wayne Cole this the s	25 th day of February.
20 24 to certify	which, witness my hand and seal of office.	J
Signature of officer administe		Title of officer administering oath
	OR	
(2) Unsworn Declarati	on	
My name is	, and my date of birth is	
My address is		,
		ate) (zíp code) (country)
Executed in	County, State of, on theday of(month)	, 20 (year)
	Signature of Candida	ate/Officeholder (Declarant)

### SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

Gary		Filer ID (Ethics Commis	sion Filers)
	HEDULE SUBTOTALS ME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	1,850.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0.00
4.	SCHEDULE E: LOANS	\$	0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBU	UTIONS \$	1,410.92
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTR	RIBUTIONS \$	0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSIN	NESS OF C/OH \$	0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIB	UTIONS \$	0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED \$	0.00

## 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	s form.	1 Total pages Schedule A1: 1
Gary Cole			3 Filer ID (Ethics Commission Filers)
Date 2/04/24	5 Full name of contributor out-of-state PAGE Donald Green  6 Contributor address; City; 9785 Ponderosa Ln, San Angelo, TX	State; Zip Code	7 Amount of contribution (\$) \$100.00
Principal occuledical Docto	pation / Job title (See Instructions)  Or	9 Employer (See Instruction Shannon Medical Ce	,
Date 2/04/24	Lori Sams	C (ID#:) State; Zip Code	Amount of contribution (\$) \$250.00
Principal occup /ife of LEO	pation / Job title (See Instructions)	Employer (See Instructi Unknown	ons)
Date 2/12/24	Gary Cole	State; Zip Code	Amount of contribution (\$) \$1,000.00
Principal occup aw Enforcer	 pation / Job title (See Instructions) nent	Employer (See Instruction Howard County	ions)
Date 02/13/24	Steve Gaines	State; Zip Code	Amount of contribution (\$)
Principal occup Builder	I pation / Job title (See Instructions)	Employer (See Instruct	ions)
02/13/24 Principal occup	Steve Gaines  Contributor address; City;  22163 Chula Robles Rd, Christoval,	State; Zip Code TX 76935  Employer (See Instruct	\$50

#### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

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

		<del></del>				
	EXPENDITURE CATEGORIES FOR BOX 8(a)					
Expense	Event Expense	Loan Repayment/Reimbursement	Solici			
sing	Fees	Office Overhead/Rental Expense	Trans			

Advertising E Accounting/Bank Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Food/Beverage Expense Gift/Awards/Memorials Expense

Polling Expense Printing Expense itation/Fundraising Expense sportation Equipment & Related Expense

Travel In District Travel Out Of District Salaries/Wages/Contract Labor Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Gary Cole 5 Payee name 4 Date HYDE INTERACTIVE, INC. 02/20/24 6 Amount (\$) 7 Payee address; City; State: Zip Code \$1,000.00 2001 W. Beauregard, San Angelo, TX 76901 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Advertising Expense Online Advertising PURPOSE OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Gary Cole 02/23/24 City; State: Zip Code Amount (\$) Payee address; 15718 Wilma Ln, San Angelo, TX 76904 \$360.00 Category (See Categories listed at the top of this schedule) Advertising Expense Cash for Lowes Purchase of Sign Supplies PURPOSE OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin. TX. officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date 02/20/24 Lowe's Home Improvement Amount (\$) Pavee address: City; State: Zip Code 5301 Sherwood Way, San Angelo, TX 76901 \$50.92 Description Category (See Categories listed at the top of this schedule) Advertising Expense Supplies for Campaign Signs PURPOSE EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED