CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Charles	MI R	OFFICE USE ONLY	
	NICKNAME	Stafford	SUFFIX CITY: STATE: ZIP CODE	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX;	APT / SUITE #; edacted for web post	7/11/2024 3:15pm E8		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION redacted for web posting			Date Hand-delivered or Date Postmarked Receipt # Amount S	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST John	MI	Date Processed	
	NICKNAME	LAST	SUFFIX	Date Processed	
	NICKNAME	Baines		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY, STATE; ZIP CODE redacted for web posting				
(Residence or Business)					
8 CAMPAIGN TREASURER PHONE	(940)	565-9015	EXTENSION		
9 REPORT TYPE	January 15	30th day before		15th day after campaign treasurer appointment (Officeholder Only)	
	July 15	8th day before el	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)	
10 PERIOD	Month	Day Year	Month	Day Year	
COVERED	1 / 15 / 24 THROUGH 7 / 15 / 24				
11 ELECTION	ELECTION DATE ELECTION TYPE				
	Month Day Year Primary Runoff Other Description				
	/ /	General	Special		
12 OFFICE	School Boa		13 OFFICE SOUGHT (if know	wn)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT				
	CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SOUTH AND ENTIRE				
	COMMITTEE TYPE COMMITTEE NAME N/A				
Additional Pages	GENERAL COMMITTEE ADDRESS				
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TI	REASURER ADDRESS		
		00 TO	DACE 2		
1		GO 10	PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	16	6 Filer ID (Ethics Commission Filers)
Charles Stafford 17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY \$
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T LAST DAY OF THE REPORTING PERIOD	\$ 5,000.00
	wear, or affirm, under penalty of perjury, that the accompanying report is true a quired to be reported by me under Title 15, Election Code.	and correct and includes all information
	redacted for we	eb posting
		didal U Officeholder
	Disease complete either ention below:	
	Please complete either option below:	
(1) Affidavit		
(1) Allidavit		
NOTARY STAMP/SEA	L	
Swom to and subscribed	before me by Cherles R Stafford this the 1	day of July
	which, witness my hand and seal of office.	
redacted for v	veb posting	Note-y
Signature of officer administr	AND CONTROL AND	Title of officer administering oath
(2) Unsworn Declarati	OR OR	
My name is	, and my date of birth is _	
My address is	(street) (city) (sta	ate) (zip code) (country)
Executed in	County, State of , on the day of (month)	
	Signature of Candida	te/Officeholder (Declarant)

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/Wages/Contract Labor

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

Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule F1: Donation to GOAL 5 Payee name 4 Date Zip Code State: 6 Amount (\$) 7 Payee address; City; 1,000.00 (b) Description (a) Category (See Categories listed at the lop of this schedule) 8 **PURPOSE** EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense (c) Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Zip Code State: City; Amount (\$) Payee address; Description Category (See Categories listed at the top of this schedule) **PURPOSE** OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date Zip Code State: City; Payee address; Amount (\$) Category (See Calegories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH