CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to	o complete this form.	1 Filer ID	(Ethics Commission Filers)	2 Total pages t	-
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	Eun	E	F F	17-5478. 51 61-507	E USE ONLY
NAME	NICKNAME Annie	Dawson	- "	SUFFIX	Date Received	EIVED
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE; ZIP CODE		9 1 2021
ADDRESS Change of Address			7	6637	BCSOUE C	O: ELECTIONS
6 CANDIDATE/ OFFICEHOLDER PHONE				KTENSION	=	ed or Date Postmarked
6 CAMPAIGN TREASURER NAME	NIN / CNINI / CIVI	Nancy		MI	Receipt #	Amount \$
	NICKNAME	Simpso	n	SUFFIX	Date Imaged	*
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (N	NO PO BOX PLEASĚ); APT	/ SUITE #;	CITY:	STATE;	ZIP CODE
(Residence or Business)				TOPI	CONTRACTOR.	WF0 /
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER		EXTENSION		
9 REPORT TYPE	January 15	30th day befor	re election	Runoff	treasurer	after campaign appointment der Only)
11,188	July 15	8th day before	election	Exceeded Modified Reporting Limit	Final Rep	oort (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year 01	THRO	Monti	Day Y	1024
11 ELECTION	ELECTION DATE ELECTION TYPE Month Pour Year Runoff Other					
	Month Day $3/05/$	Teal		off Other Description	1	s Tour
12 OFFICE	OFFICE HELD (if any)	4		OFFICE SOUGHT (IF KN FAX ASSESS		itor
14 NOTICE FROM POLITICAL THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWN CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			IOLDER'S KNOWLEDGE OR			
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME					
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN	TREASURER AD	DRESS		
	21	GO T	O PAGE 2	2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

OWINLWIO	ALHAMACE IVELOIVI	
15 C/OH NAME	16 File	er ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 500.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
,	4. TOTAL POLITICAL EXPENDITURES	\$ 1057.82
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 900.49
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
(1) Affidavit NOTARY STAMP/SE Sworn to and subscriber 20 24, to certif Signatore of officer adminis (2) Unsworn Declaration My name is	this the _/ sy which, witness my hand and seal of office. Brack Hancell tering oath Printed name of officer administering oath	day of February, Title of officer (administering oath
	(street) (city) (state)	(zip code) (country)
Executed in	County, State of , on the day of(month)	, ,
	Signature of Candidate/O	fficeholder (Declarant)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The	nstruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	inie Dawson		3 Filer ID (Ethics Commission Filers)
4 Date	6 Full name of contributor □ out-of-state PAC	(ID#:) State; Zip Code (76689	7 Amount of contribution (\$)
	eation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor	State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date Principal occur	Full name of contributor out-of-state PAG Contributor address; City; Pation / Job title (See Instructions)	State; Zip Code Employer (See Instruc	Amount of contribution (\$)
Date	Full name of contributor □ out-of-state PA	C (ID#:) State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Inst		

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SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	· - 11				
	annie Dawson				
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT			
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 500.00			
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	\$ 1051.82			
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/C	э н \$			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$			

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

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

Candidate/Officeholder/Political Credit Card Payment	Committee Legal Services Salaries/V The Instruction Guide explains how to c	/ages/Contract Labor omplete this form.	Other (enter a catego	ory not listed above)
1 Total pages, Schedule F1:	2 FILER NAME Annie Dawson		3 Filer ID (Ethic	s Commission Filers)
4 Date 1/4/2024	6 Payee name Sticker Universe			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$94500	1207 Washington le.	Waco	TX	76701
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	adnertising yard signs			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
1/10/2024	Bosque Aint			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$106.82	PO BOCIZ	Clifton	TY	76634
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Reducantics	business cards ocampaign cards		
OF EXPENDITURE	advertising	ocampaign cards		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	g expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name	Address of the second of the s		
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	n, TX, officeholder livir	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEI	EDED	

LOANS

NA

SCHEDULE E

If the requested information is not appli	cable, DO NO	i include this page in the re	port.	
The Instruction Guide explain	s how to compl	ete this form.	1 Total pages Schedule E:	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
TOTAL OF UNITEMIZED LOANS			\$	
Date of loan 7 Name of lender	7 Name of lender		9 Loan Amount (\$)	
Is lender a financial Institution? 8 Lender address;	City;	State; Zip Code	10 Interest rate 11 Maturity date	
YN				
2 Principal occupation / Job title (See Instruction	ns)	13 Employer (See Instructions)		
4 Description of Collateral ☐ none		Check if personal fun account (See Instruct	ds were deposited into political tions)	
6 GUARANTOR INFORMATION 17 Name of guarantor	AAAAAAATTIIIIIIAAATTIITTII AAAAAAAAAAAA	1	19 Amount Guaranteed (\$)	
18 Guarantor address;	City;	State; Zip Code	•	
Principal Occupation (See Instructions)		21 Employer (See Instructions)		
Date of loan Name of lender	out-of-state	PAC (ID#:)	Loan Amount (\$)	
ls lender Lender address; a financial	City;	State; Zip Code	Interest rate	
Institution? Y N			Maturity date	
Principal occupation / Job title (See Instruction	ons)	Employer (See Instructions)		
Description of Collateral	AND THE PERSON NAMED IN COLUMN TO TH	Check if personal fur account (See Instruc	nds were deposited into political stions)	
GUARANTOR Name of guarantor INFORMATION	Laboration of the State of the		Amount Guaranteed (\$)	
Guarantor address;	City;	State; Zip Code		
not applicable Principal Occupation (See Instructions)		Employer (See Instructions)		
	DDITIONAL COI	PIES OF THIS SCHEDULE AS NE	EDED	

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