

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 7				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Ann	MI F	OFFICE USE ONLY Date Received RECEIVED IAN 16 2024 BOSQUE CO. ELECTIONS			
	NICKNAME	LAST	SUFFIX				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		ADDRESS / PO BOX;	APT / SUITE #;		CITY;	STATE;	ZIP CODE
5 CANDIDATE / OFFICEHOLDER PHONE		EXTENSION			Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Nancy	MI	Receipt #			Amount \$
	NICKNAME	LAST	SUFFIX	Date Processed			Date Imaged
7 CAMPAIGN TREASURER ADDRESS		STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE		AREA CODE		PHONE NUMBER		EXTENSION	
9 REPORT TYPE		<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)					
10 PERIOD COVERED		Month Day Year		THROUGH		Month Day Year	
11 ELECTION		ELECTION DATE		ELECTION TYPE			
		Month	Day	Year	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE		OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)		
		N/A			Tax Assessor-Collector		
14 NOTICE FROM POLITICAL COMMITTEE(S)		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.					
<input type="checkbox"/> Additional Pages		COMMITTEE TYPE	COMMITTEE NAME				
		<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS				
		<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS					
GO TO PAGE 2							

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 2,695.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1242.69
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1452.31
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 SIGNATURE I swear, 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.

Annie Dawson

Signature of Candidate or Officeholder



Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Annie Dawson this the 16th day of January, 2021, to certify which, witness my hand and seal of office.

Ashley Rupp Signature of officer administering oath
Ashley Rupp Printed name of officer administering oath
Elections Administrator Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____
 (street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
 (month) (year)

Signature of Candidate/Officeholder (Declarant)

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 form.		1 Total pages Schedule A1: <i>1 of 3</i>
2 FILER NAME <i>Annie Dawson</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11/15/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Nancy Simpson</i>	7 Amount of contribution (\$) <i>\$100.00</i>
6 Contributor address; City; State; Zip Code <i>[Redacted] TX 76634</i>		
8 Principal occupation / Job title (See Instructions) <i>retired</i>		9 Employer (See Instructions)
Date <i>11/15/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mike Baker</i>	Amount of contribution (\$) <i>\$20.00</i>
Contributor address; City; State; Zip Code <i>[Redacted] TX 76634</i>		
Principal occupation / Job title (See Instructions) <i>retired</i>		Employer (See Instructions)
Date <i>11/15/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Virginia Richards</i>	Amount of contribution (\$) <i>\$50.00</i>
Contributor address; City; State; Zip Code <i>[Redacted] TX 76634</i>		
Principal occupation / Job title (See Instructions) <i>retired</i>		Employer (See Instructions)
Date <i>11/15/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Noreen Clayton</i>	Amount of contribution (\$) <i>\$500.00</i>
Contributor address; City; State; Zip Code <i>[Redacted] NM 87059</i>		
Principal occupation / Job title (See Instructions) <i>retired</i>		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor 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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <i>2 of 3</i>
2 FILER NAME <i>Ann Dawson</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>9/27/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Al Poteet</i>	7 Amount of contribution (\$) <i>\$750.00</i>
	6 _____ State; Zip Code <i>TX 76634</i>	
8 Principal occupation / Job title (See Instructions) <i>retired</i>		9 Employer (See Instructions)
Date <i>10/3/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ann Dawson</i>	Amount of contribution (\$) <i>\$1000.00</i> <i>\$100.00</i>
	_____ State; Zip Code <i>TX 76637</i>	
Principal occupation / Job title (See Instructions) <i>retired</i>		Employer (See Instructions)
Date <i>11/28/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lynne Mann</i>	Amount of contribution (\$) <i>\$50.00</i>
<i>12/6/23</i>	Contributor address: _____ State; Zip Code <i>76634</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>11/15/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Marisusan Kennedy</i>	Amount of contribution (\$) <i>\$100.00</i>
	_____ State; Zip Code <i>Hills TX 76688</i>	
Principal occupation / Job title (See Instructions) <i>retired</i>		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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.

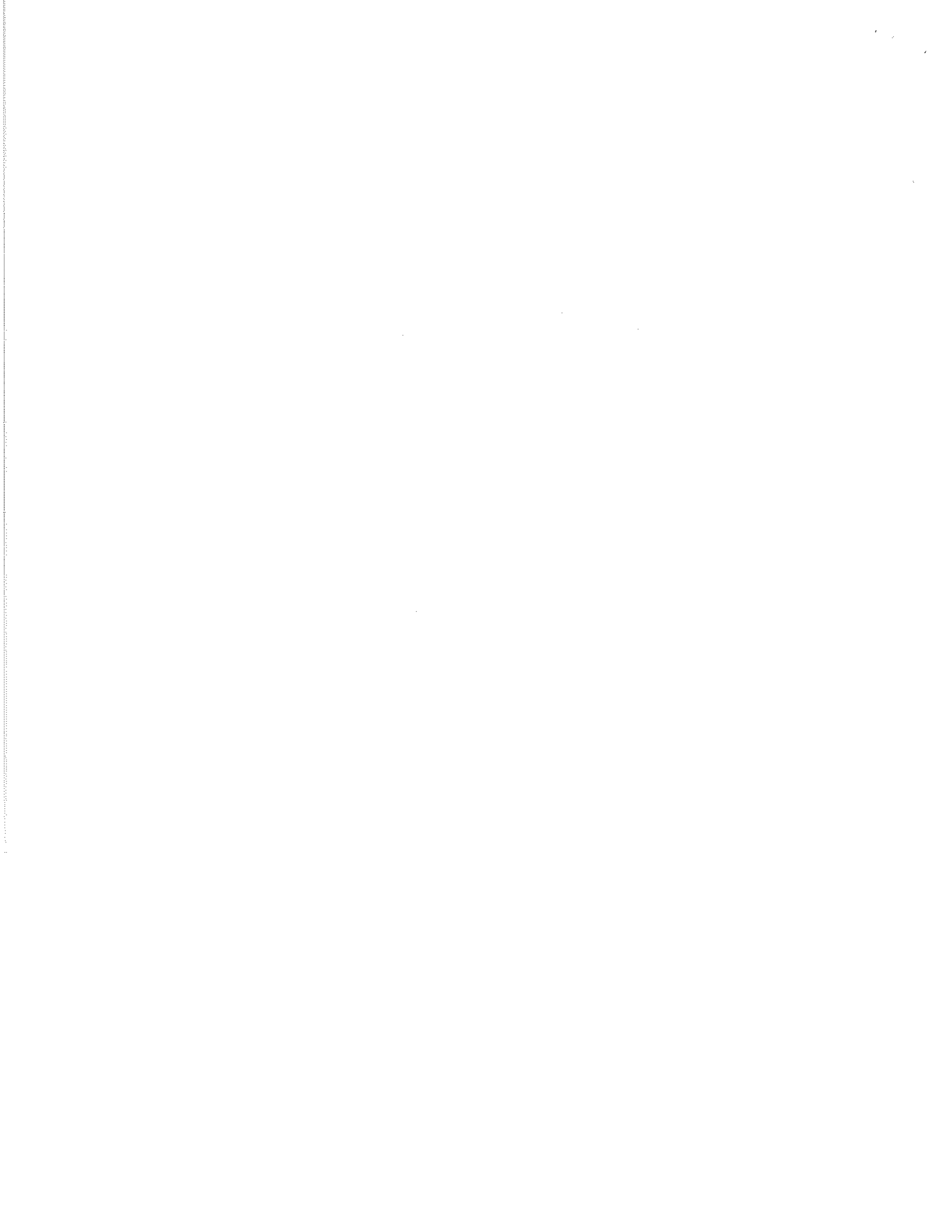
EXPENDITURE CATEGORIES FOR BOX 8(a)

- Advertising Expense
- Accounting/Banking
- Consulting Expense
- Contributions/Donations Made By Candidate/Officeholder/Political Committee
- 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
- 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.

1 Total pages Schedule F1: <i>1 of 3</i>	2 FILER NAME <i>Ann Dawson</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>9/29/2023</i>	5 Payee name <i>Bosque Print</i>	
6 Amount (\$) <i>\$59.58</i>	7 Payee address; City; State; Zip Code <i>PO Box 12 Clifton TX 76634</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>advertising</i>	(b) Description <i>business cards</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>9/29/2023</i>	Payee name <i>Sticker Universe</i>	
Amount (\$) <i>\$270.63</i>	City; State; Zip Code <i>Waco TX 76701</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>advertising</i>	Description <i>yard signs</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>10/3/2023</i>	Payee name <i>Delux Checks</i>	
Amount (\$) <i>\$22.00</i>	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Banking</i>	Description <i>checks</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidates/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 of 3	2 FILER NAME Ann Dawson	3 Filer ID (Ethics Commission Filers)
---	-----------------------------------	---------------------------------------

4 Date 11/3/2023	5 Payee name Bosque Print
----------------------------	-------------------------------------

6 Amount (\$) \$ 44.49	7 Payee address; P.O. Box 12	City; Clifton	State; TX	Zip Code 76634
----------------------------------	--	-------------------------	---------------------	--------------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) advertising	(b) Description flyers for kickoff
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 11/10/2023	Payee name Cliftex Theatre
---------------------------	--------------------------------------

Amount (\$) 20.00	Payee address; 304 W. 5th St	City; Clifton	State; TX	Zip Code 76634
-----------------------------	--	-------------------------	---------------------	--------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising	Description political ad
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 11/13/2023	Payee name Bosque Print
---------------------------	-----------------------------------

Amount (\$) \$ 75.99	Payee address; P.O. Box 12	City; Clifton	State; TX	Zip Code 76637
--------------------------------	--------------------------------------	-------------------------	---------------------	--------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising	Description campaign cards
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>Pg 3 of 3</i>	2 FILER NAME <i>Ann Dawson</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>11/13/2023</i>	5 Payee name <i>Bosque Co. Republican Party</i>	
6 Amount (\$) <i>\$750.00</i>	7 Payee address; City; State; Zip Code <i>505 W. 5th St., Suite 240 Clifton TX 76634</i>	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Other</i>	(b) Description <i>Filing fee</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> 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
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> 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
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

