# 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 C	ommission Filers)	2 Total pages f	iled
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR Mr.	FIRST Larry	1:	мı M	OFFICE	USEONLY
NAME	NICKNAME	LAST Richardson	·····	SUFFIX	Date Received	9 EUVE In
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX		city: state: LaRue, Tx	zip code 75770	Henc	B 0 6 2024
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSI	ON		d or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR MRS.	FIRST Lynn		M	Receipt # Date Processed	Amount \$
NAME	NICKNAME	LAST Dingler		SUFFIX	Date Processed	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX PLEASE); APT / S	SUITE #; CITY; LaRu		state. Tx	ZIP CODE 75770
(Residence or Business) 8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSIO	NC	111) 	tan 400 a
9 REPORT TYPE	January 15	30th day before				after campaign appointment ler Only)
	July 15	8th day before el	iccion i i	eeded Modified orling Limit	Final Repo	ort (Allach C/OH - FR)
10 PERIOD COVERED	Month 12	Day Year 15 / 22	THROUGH	Month 2	Day Yea	
11 ELECTION	ELECTION DATE     ELECTION TYPE       Month     Day     Year       3     8     22       General     Special					
12 OFFICE	OFFICE HELD (if any) Commissioner Precinct 4 13 OFFICE SOUGHT (if known)					
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. COMMITTEE TYPE COMMITTEE NAME					
Additional Pages	GENERAL COMMITTEE ADDRESS					
, , , , , , , , , , , , , , , , , , ,	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TF	REASURER ADDRESS		<u></u>	· · · · · · · · · · · · · · · · · · ·
		GO TO	PAGE 2			

### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 2

15 C/OH NAME	16 1	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)	\$ 0.00		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 750.00		
	4. TOTAL POLITICAL EXPENDITURES	s <b>750.00</b>		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA OF REPORTING PERIOD	× \$ 0.00		
OUTSTANDING LOAN TOTALS	<ol> <li>TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</li> </ol>	\$		
	swear, or affirm, under penalty of perjury, that the accompanying report is true and quired to be reported by me under Title 15, Election Code.	correct and includes all information		
	Signature of Candida	ate or Officeholder		
	Please complete either option below:			
(1) Affidavit				
NOTARY STAMP/SEAL				
Swom to and subscribed before me bythis thethis the, 20, to certify which, witness my hand and seal of office.				
Signature of officer administ	ering oath Printed name of officer administering oath OR	Title of officer administering oath		
(2) Unsworn Declarat				
My name is Larry Mar	k Richardson, and my date of birth is			
My address is	LaRue Tx	, <u>75770</u> US		
Executed in Henderso	(street) (city) (state) nCounty, State ofTexas, on the 5thday ofFebruary	20 24		
	In man -	(year)		
	Signature of Candidate/C	Officeholder (Declarant)		

### SUBTOTALS - C/OH

#### FORM C/OH COVER SHEET PG 3

19	FILER NAME 20	Filer ID (Ethics Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
З.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONT	BUTIONS \$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7,	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CO	TRIBUTIONS \$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9,	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUND	\$ 750.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BU	INESS OF C/OH \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONT	BUTIONS \$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIO TO FILER	RETURNED \$

### POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE ${f G}$

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 Candidate/Officeholder/Politi Credit Card Payment	Fees Off Food/Beverage Expense Pol By Gift/Awards/Memorials Expense Pri	an Repayment/Reimbursement ice Overhead/Rental Expense Iling Expense aries/Wages/Contract Labor w to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
1	Larry Mark Richardson				
4 Date	5 Payee name	······································			
12/22/2024	Henderson County Republican				
6 Amount (\$) Reimbursement from political contributions intended	7 Payee address:     C       PO BOX 765     Ather		State; Zip Code Tx 75751		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedul Candidate Filling Fee	le) (b) Description			
	(c) Check if travel outside of Texas. Complete Schedule	T. Check if Austin	Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Larry Mark Richardson	Office sought	Office held Commissioner		
Date	Payee name				
Amount (\$)	Payee address;	City;	State; Zip Code		
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu	le) Description			
	Check if travel outside of Texas. Complete Schedule	n, TX, officeholder living expense			
Complete <u>QNLY</u> if direct expenditure to benefit C/6	Candidate / Officeholder name OH	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address;	City:	State; Zip Code		
Reimbursement from political contributions intended	political contributions				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu	e) Description			
	Check if travel outside of Texas, Complete Schedule	L. Check If Austri	Check If Austin, TX, officeholder living expense		
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
anna ann an Aonaichtean ann an Aonaichtean ann ann an Aonaichtean ann ann an Aonaichtean ann ann an Aonaichtean	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NEED	DED		

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

# FORM C/OH - FR

	The Instruction Guide explains how to complete this form.					
	Complete only if "Report Type" on page 1 is marked "Final Report" →					
_	1 C/OH NAME 2 Filer ID (Ethics Commission Filers)					
L	Larry Mark Richardson					
3	SIGNA	TURE				
	designa	expect any further political contributions or political expenditures in conne ating a report as a final report terminates my campaign treasurer appointme gn contributions or make any campaign expenditures without a campaign t	ent. I also understand that I may not accept any			
4	<ul> <li>FILER WHO IS NOT AN OFFICEHOLDER</li> <li>Complete A &amp; B below <i>only</i> if you are not an officeholder.</li> </ul>					
	А.	CAMPAIGN FUNDS				
	Chec	k onły one:				
	~	I do not have unexpended contributions or unexpended interest or incom	e earned from political contributions.			
		I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.				
	B. ASSETS					
	Chec	k only one:				
	~	I do not retain assets purchased with political contributions or interest or	other income from political contributions.			
		I do retain assets purchased with political contributions or interest or othe that I may not convert assets purchased with political contributions or inte personal use. I also understand that I must dispose of assets purchased requirements of Election Code, § 254.204.	erest or other income from political contributions to			
5		EHOLDER				
	•• Com	I am aware that I remain subject to filing requirements applicable to an office file. I am also aware that I will be required to file reports of unexpended cor an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contribution	ntributions if, after filing the last required report as political contributions, or assets purchased with			