		CEHOLDER E REPORT		FORM C/OF
The C/OH Instruction G	Guide explains how	to complete this form.	Filer ID (Ethics Commission File	rs) 2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS MRS MR 7	AUL V. ELLZEU	MI	OFFICE USE ONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX.	APT / SUITE # CITY.	STATE. ZIP CODE	MAR 1 1 2024 Henderson County
Change of Address	Pithe	ns. Tx. 75	151	Election Administration
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS MRS MR	FIRST	MI	Receipt # Amount S Date Processed
NAME	NICKNAME	Ellizer	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (	NO PO BOX PLEASE), APT / BUITE	# CITY;	STATE: ZIP CODE
(Residence or Business)		Larvey 17	۲.	
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	FXTENSION	
9 REPORT TYPE	January 15	30th day before electro	Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before election	Reporting Limit	
10 PERIOD COVERED	Month	Day Year	THROUGH	th Day Year
	ELECTION DA	06 2023	01	13 2024
11 ELECTION	Month Day	Year Primary General	ELECTION T  Runolf  Other  Descriptic  Special	
12 OFFICE	OFFICE HELD (If any)	2024	13 OFFICE SOUGHT (I K	Per 4
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURES MA	Y HAVE BEEN MADE WITHOUT THE	ES MADE BY POLITICAL COMMITTEES TO SUPPOR CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE O Y IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES
	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRE 39		
	SPECIFIC	COMMITTEE CAMPAIGN TREASU	RER NAME	
		COMMITTEE CAMPATON TREAS	JRER ADDRESS	
		GO TO PA	GE 2	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME	BULV. ELLZEY	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	<ol> <li>TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER TH PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</li> </ol>	HAN \$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS OR GUARANTEES OF LOAN	NS) \$ 9085.
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 5709.57
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE OF REPORTING PERIOD	<sup>LAST DAY</sup> \$ 3315. <sup>43</sup>
OUTSTANDING LOAN TOTALS	<ol> <li>TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS LAST DAY OF THE REPORTING PERIOD</li> </ol>	S OF THE \$ 3900.00
18 SIGNATURE I S	swear, or affirm, under penalty of perjury, that the accompanying report is	true and correct and includes all information
	quired to be reported by me under Title 15. Election Code.	
	tare V.E.	2
		Cander Officeholder
	Signature of	Canadare Compendider
	Please complete either option bel	ow:
(1) Affidavit	a contract of the second s	BOBEDT MAN
	and the second se	PUR TODERI VV MILATEE R
	(.(~	NOTARY PUBLIC STATE OF TEXAS
NOTARY STAMP/SEA		FTEN MY COMM. EXP 12/11/34
Sworn to and subscribed	before me by Paul Ellzey this	NOTARY ID 532943-9 A
	- 11	day of
1 in no certify	which, witness my hand and seal of office.	
flert fl. c	ROBERT WHENTER JR	NOTIFICY
Signature of officer administr		Title of officer administering oath
	OR	
(2) Unsworn Declarat	ion	
NA	Same Bernet (1971) - Same	1. F.
	, and my date of birt	n is
My address is		· · · · · · · · · · · · · · · · · · ·
5		(state) (zip code) (country)
Executed in	County. State of on the day of(m	ionth)
	Signature of Ca	andidate/Officeholder (Declarant)
Forms provided by Texas E	thics Commission www.ethics.state.tx.us	Revised 1/1/2024
h. a a a a a lauga p	and the second	

# SUBTOTALS - C/OH

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

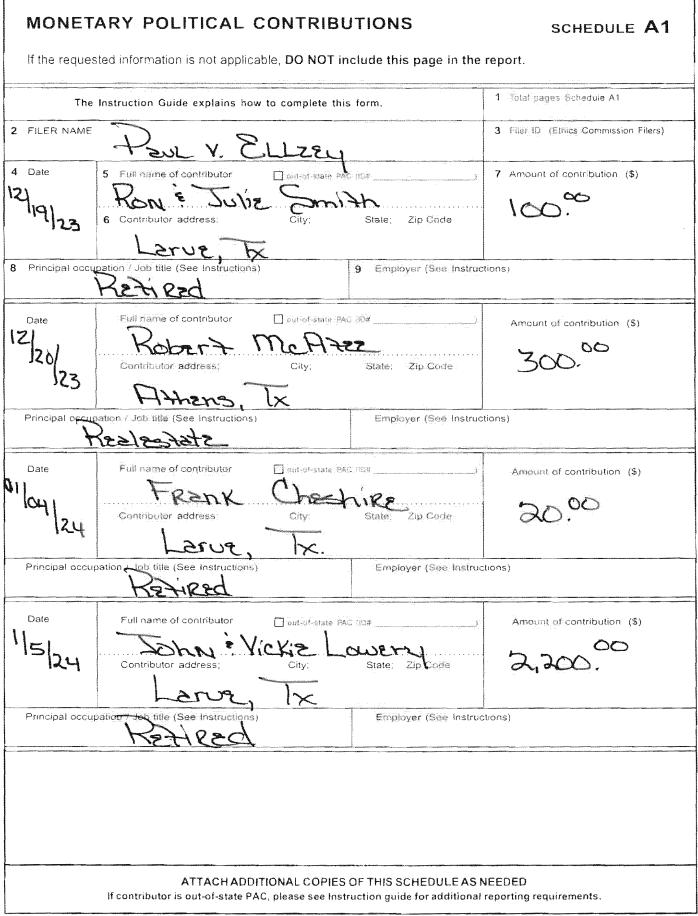
19	FILER NAME ROLL V. EUZZY	Iorimission Pilers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1	SCHEDULEAT MONETARY POLITICAL CONTRIBUTIONS	\$ 9085.
2.	SCHEDULE A2 NON-MONETARY (IN KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE 8 PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E LOANS	S
5.	SCHEDULE F1 POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$5709.57
6	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3 PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	S
9.	SCHEDULE G. POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 3900°
10.	SCHEDULE H. PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OF	s.
11.	SCHEDULE I. NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K. INTEREST CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

			in a sina a aini a aini a ana ana ana ana ana	1 Jotal pages Schedule A1
The	4 Date       5 Full name of contributor       out-strate PAC 3D#       7 Amount of contribution (\$)         22/12/23       6 Contributor address;       City;       State, Zip Code       1000.40         3 Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)       1000.5         3 Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)       Amount of contributor (\$)         Date       Full name of contributor       out-state PAC 3D#       Amount of contributor (\$)         1000.5       Contributor address;       City;       State; Zip Code         1000.5       Contributor address;       City;       State; Zip Code         1000.5       Date       Full name of contributor       out-state PAC 3D#         1000.5       Contributor address;       City;       State; Zip Code         1000.5       Contributor address;       City;       State; Zip Code         1000.5       Contributor address;       City;       State; Zip Code       1000.5         21/2/23       Contributor       out-state PAC (D#       Amount of contributor (\$)       20.5         21/2/23       Contributor address;       City;       State; Zip Code       20.5       20.5         21/2/23       Contributor address;       City;       St			
2 FILER NAME	Paul V. EL	-75-1		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	Dut-or-state PA	<b>6</b> 到0年	7 Amount of contribution (\$)
)Z	Grage Cas	734-		100 00
123	6 Contributor address;	City:	State. Zip Code	100.
8 Principal oc <u>eu</u>		(5)	9 Employer (See Instru	sbons)
Date	Full name of contributor	🗌 pul-ol-state 🛤	кс 1097	Amount of contribution (\$)
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123	Contributor address;		State; Zip Code	100.
	1 2010	1.		
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123	Contributor address:	-		20.
	Larve,	Tz.		
Principal occur			Employer (See Instru	ctions)
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Date	Full name of contributor	Devit-Marster PA	ALC (10)#	Amount of contribution (\$)
12/101	Keith L	NilKers	ÓN	- 00
123	Contributor address:			20.
Principal occur	121	5)	Employer (See Instru	ctions)
	ATTACHAD	DITIONAL COPIES	OF THIS SCHEDULE AS	NEEDED
	If contributor is out-of-state I	PAC, please see inst	truction guide for additiona	I reporting requirements.



MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
If the requested information is not applicable, <b>DO NOT include this page in the</b>	report.
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME POUL V. ELLZEII	3 Filer ID: (Ethics Commission Filers)
4 Date 5 Full name of contributor autorstate PAC 00	7 Amount of contribution (\$)
by 6 Contributor address: City; State: Zip Code	500.
8 Principal occupation 7 sp title (See Instructions) 9 Employer (See Instructions)	tions)
Date Full name of contributor	Amount of contribution (\$)
Contributor address: City: State: Zip Code	500.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	lions)
Date Full name of contributor aut-of-state PAC (10#) The back the back of the state pace (10#) Contributor address: City: State: Zip Code	Amount of contribution (\$) $100^{20}$
Principal occupations tob title (See Instructions) Employer (See Instruc	tions)
Date Euli name of contributor Out-of-state PAC (IDH.) 13 Contributor address; City: State: Zip Code Lanz, X.	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instruct	tions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional	

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 If the requested information is not applicable, **DO NOT include this page in the report**. 1. Total pages Schedule A1. The Instruction Guide explains how to complete this form. ¢ 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAG (0) l 1731 6 Contributor address: City; State Zíp Code γA ງຮ 8 Principal occupation 7 Job Employer (See Instructions) 9 itle (See Full-name of contributor utvofistate: PAC (697 Date Amount of contribution (\$) ١, Contributor address: City State; Zip Code 2015 Employer (See Instructions) title (See Instructions) Principal occupation 57 HERR Date Full name of contributor 🔲 out-of-stall: PAC 10s Amount of contribution (\$) 192K Υ. Contributor address: State: Zip Code City SIL Principal occupation / Job title See Instructions Employer (See Instructions) Date Full name of contributor 🔲 out-of-state PAG (10# Amount of contribution (\$) 1) ZDDIT Contributor address; City, JTU Principal occupation Employer (See Instructions) Seb title (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. 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer IO (Ethics Commission Filers) Ilsz 4 Date 5 Fall name of contributor 7 Amount of contribution (\$) dia with h 1/13 Contributor address 6 City State; Zip Code 8 Principal occupation / Job title Employer (See Instructions) nstructio 9 > Full name of contributor out-of-state PAC 10# Date Amount of contribution (\$) l URA 12 Contributor address; City; State; Zip Code 19 Employer (See Instructions) Principal occupation 7 Instructions) (See 9 Date Full name of contributor 🔲 qui-of-state PAC (ID# Amount of contribution (\$) 1) 112 Contributor address 2119 59 Principal occupation / 100 (See Instructions) Employer (See instructions) Date Full name of contributor out-of-state. PAC (IDA Amount of contribution (\$) N 3 Contributor address; City; State Code im 38 21 Principal occupation Employer (See Instructions) title (See Instruct ions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

	ARY POLITICAL			SCHEDULE A1
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2 FILER NAME	Paul V	811281	1	3 Eller ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Ronnie 2 6 Contributor address: bation Lob title (See Instructions	City;	State: Zip Code 9 Employer (See Instruc	7 Amount of contribution (\$)
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ан алтан (1996), алтан (19	ATTACH ADD If contributor is out-of-state P.		OF THIS SCHEDULE AS I suction guide for additional	

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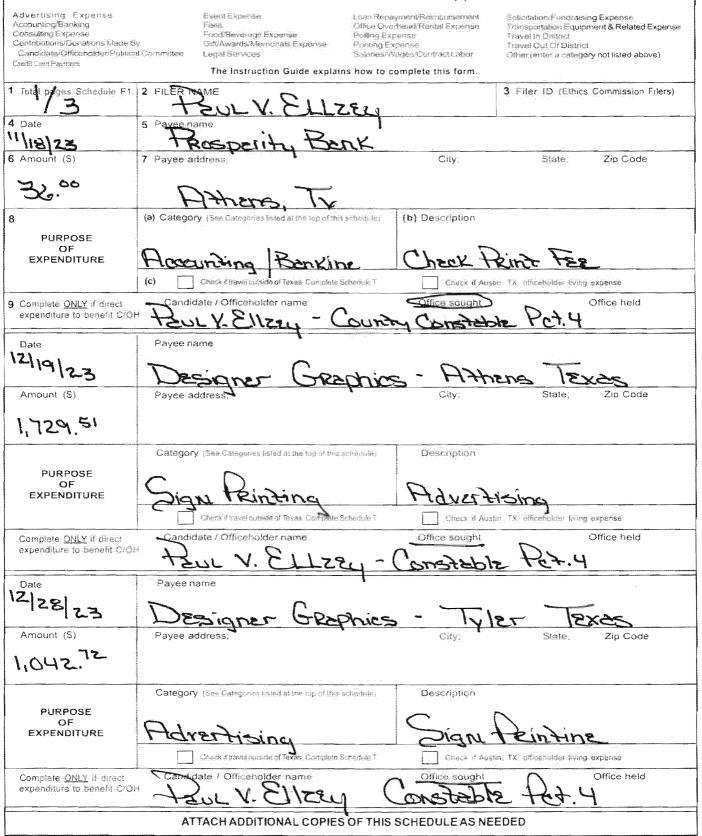
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#### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

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





Forms provided by Texas Ethics Commission

## 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)

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1 Top pros Schedule FI	2 FILER NAME HAUL Y. EILZE		3 Filer ID (Ethics Commission Filers)
4 Date 12/29/23	5 Payee name	Arlington T	×
6 Amount (§)	7 Payse address:	A City,	State: Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at she top of this : Adyertising	(b) Description Reinfine	of Push Cerobs
ann	(c) Check if wave muside of fixers. Complian Sc		o TX officefields long expense.
9 Complete ONLY if direct expenditure to banefit C/O	Candidate / Officeholder name H	Office sought	
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		tudiy" 🔲 Oberf Auss	s TR officeholder byeg expense
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	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NEI	EDED

Forms provided by Texas Ethics Commission

#### 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)

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	Checkel ideation for the star of the second second	hodule 7 Cherck if Aus	itin (TX) officatiokder, living.expense			
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## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

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ntribulions/Donations Made B Candidate/Officeholder/Politics alti Cant Payment		Legal Service	e Expense lemonals Expense	Office O Pollety E Printing Satines	Екранию Мараь/Селіга	l Expense of Labor	Travel In Di Travel Qui	ion Equipme strict Of District	Expense int & Related Expens not listed above)	se
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