

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: 13						
3 CANDIDATE / OFFICEHOLDER NAME	MS MRS MR PAUL V. FIRST MI	<div style="border: 2px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <p style="font-size: 1.2em; margin-top: 5px;">MAR 11 2024</p> <p>Henderson County Election Administration</p> <p style="font-size: 0.8em;">Date Received</p> <p style="font-size: 0.8em;">Date Hand-delivered or Date Postmarked</p> <table border="1" style="width:100%; font-size: 0.8em;"> <tr> <td style="width:50%;">Receipt #</td> <td style="width:50%;">Amount \$</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table>		Receipt #	Amount \$	Date Processed		Date Imaged	
	Receipt #			Amount \$					
Date Processed									
Date Imaged									
NICKNAME LAST SUFFIX	ELLZEY								
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE								
<input type="checkbox"/> Change of Address	Athens, Tx. 75751								
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION	Date Hand-delivered or Date Postmarked							
	()	Receipt # Amount \$							
6 CAMPAIGN TREASURER NAME	MS MRS MR Tommy S. FIRST MI	Date Processed							
	NICKNAME LAST SUFFIX	ELLZEY	Date Imaged						
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE								
	Larver, Tx.								
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 / 08 / 2023 THROUGH 01 / 15 / 2024								
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							
	03 05 2024								
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)							
		Constable Prec 4							
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							
	<input type="checkbox"/> GENERAL								
	<input type="checkbox"/> SPECIFIC								
	<input type="checkbox"/> Additional Pages	COMMITTEE ADDRESS							
	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 PAUL V. ELLZEY		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. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS OR GUARANTEES OF LOANS)	\$ 9085. ⁰⁰
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 5709. ⁵⁷
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3375. ⁴³
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3900. ⁰⁰

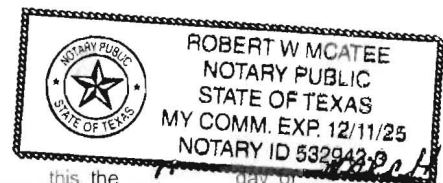
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Paul V. Ellzey
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL



Sworn to and subscribed before me by Paul Ellzey this the 11 day of March

20 24 to certify which, witness my hand and seal of office.

Robert W. Mcatee Jr ROBERT W MCATEE JR NOTARY

Signature of officer administering oath Printed name of officer administering oath 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)

SUBTOTALS - C/OH

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

19 FILER NAME Paul V. Elizari		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 9085.⁰⁰
2	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5709.⁵⁷
6	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 3900.⁰⁰
10	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12	<input type="checkbox"/> 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.

The Instruction Guide explains how to complete this form.		1 Total pages: Schedule A1
2 FILER NAME Paul V. Ellzey		3 Filer ID (Ethics Commission Filers)
4 Date 12/12/23	5 Full name of contributor: <input type="checkbox"/> out-of-state PAC ID# GREG CARVER	7 Amount of contribution (\$) 100.⁰⁰
6 Contributor address: City: State: Zip Code Larue, Tx		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 12/12/23	Full name of contributor: <input type="checkbox"/> out-of-state PAC ID# Denise Carver	Amount of contribution (\$) 100.⁰⁰
Contributor address: City: State: Zip Code Larue, Tx.		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/12/23	Full name of contributor: <input type="checkbox"/> out-of-state PAC ID# Chuck Cheshire	Amount of contribution (\$) 20.⁰⁰
Contributor address: City: State: Zip Code Larue, Tx.		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/19/23	Full name of contributor: <input type="checkbox"/> out-of-state PAC ID# Keith Wilkerson	Amount of contribution (\$) 20.⁰⁰
Contributor address: City: State: Zip Code		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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
2 FILER NAME Paul V. Ellzey		3 Filer ID (Ethics Commission Filers)
4 Date 12/19/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID# Ron & Julie Smith	7 Amount of contribution (\$) 100.00
6 Contributor address: City: State: Zip Code Larue, Tx		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 12/20/23	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# Robert McAfee	Amount of contribution (\$) 300.00
Contributor address: City: State: Zip Code Athens, Tx		
Principal occupation / Job title (See Instructions) Real estate		Employer (See Instructions)
Date 01/04/24	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# Frank Cheshire	Amount of contribution (\$) 20.00
Contributor address: City: State: Zip Code Larue, Tx.		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 1/15/24	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# John & Vickie Lowery	Amount of contribution (\$) 2,200.00
Contributor address: City: State: Zip Code Larue, Tx		
Principal occupation / Job title (See Instructions) Retired		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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Paul V. Ellzey		3 Filer ID: (Ethics Commission Filers)
4 Date 1/9/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID# _____ Janice Moss	7 Amount of contribution (\$) 500.00
6 Contributor address: City: State: Zip Code Larue, Tx		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 1/9/24	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# _____ Jerry Rogers	Amount of contribution (\$) 500.00
Contributor address: City: State: Zip Code Larue, Tx.		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 1/9/24	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# _____ Burt Anderson	Amount of contribution (\$) 100.00
Contributor address: City: State: Zip Code Larue, Tx.		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 1/13/24	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# _____ Patricia & Frank Cheshire	Amount of contribution (\$) 200.00
Contributor address: City: State: Zip Code Larue, Tx.		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1.
2 FILER NAME Paul V. Ellzey		3 Filer ID (Ethics Commission Filers)
4 Date 1/13/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID# John Laneri	7 Amount of contribution (\$) 200.00
6 Contributor address: City: State: Zip Code Larue, Tx.		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 1/13/24	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# Jack Enders	Amount of contribution (\$) 50.00
Contributor address: City: State: Zip Code Larue, Tx.		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 1/13/24	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# Mark Gibbons	Amount of contribution (\$) 100.00
Contributor address: City: State: Zip Code Larue, Tx.		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 1/13/24	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# Dennis & Debbie Vickery	Amount of contribution (\$) 100.00
Contributor address: City: State: Zip Code Larue, Tx.		
Principal occupation / Job title (See Instructions) Retired		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:
2 FILER NAME Paul V. Elzey		3 Filer ID (Ethics Commission Filers)
4 Date 1/13/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID# Bew & Debbie Pete	7 Amount of contribution (\$) 100.00
6 Contributor address: City: State: Zip Code LaRue, Tx.		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 1/13/24	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# Laura Browner	Amount of contribution (\$) 40.00
Contributor address: City: State: Zip Code LaRue, Tx.		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 1/13/24	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# Harris & Becky Johnson	Amount of contribution (\$) 150.00
Contributor address: City: State: Zip Code LaRue, Tx.		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 1/13/24	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# Robert & Janz Green	Amount of contribution (\$) 50.00
Contributor address: City: State: Zip Code LaRue, Tx.		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

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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:
2 FILER NAME Paul V. Ellzey		3 Filer ID (Ethics Commission Filers)
4 Date 1/13/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ronnie & Lulu Payne	7 Amount of contribution (\$) 50.00
6 Contributor address: City: State: Zip Code: Larue, Tx.		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 1/13/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Anonymous Cash Donation	Amount of contribution (\$) 85.00
Contributor address: City: State: Zip Code:		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/13/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Robert Hatley	Amount of contribution (\$) 100.00
Contributor address: City: State: Zip Code: Larue, Tx.		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
	Contributor address: City: State: Zip Code:	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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.

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/Denations 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:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
1/3	PAUL V. ELLZEY			
4 Date	5 Payee name			
11/18/23	Prosperity Bank			
6 Amount (\$)	7 Payee address:		City:	State:
36.00	Athens, Tx			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule):		(b) Description	
	Accounting / Bankline		Check Print Fee	
(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 ONLY if direct expenditure to benefit C/OH				
Candidate / Officeholder name: <u>Office sought</u> Office held				
Paul V. Ellzey - County Constable Pct. 4				
Date	Payee name			
12/19/23	Designer Graphics - Athens Texas			
Amount (\$)	Payee address:		City:	State:
1,729.51				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule):		Description	
	Sign Printing		Advertising	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH				
Candidate / Officeholder name: <u>Office sought</u> Office held				
Paul V. Ellzey - Constable Pct. 4				
Date	Payee name			
12/28/23	Designer Graphics - Tyler Texas			
Amount (\$)	Payee address:		City:	State:
1,042.72				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule):		Description	
	Advertising		Sign Printine	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH				
Candidate / Officeholder name: <u>Office sought</u> Office held				
Paul V. Ellzey Constable Pct. 4				

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 | Printing 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: 2/3	2 FILER NAME: PAUL V. ELIZAY	3 Filer ID (Ethics Commission Filers)
4 Date: 12/29/23	5 Payee name: Print Place - Arlington Tx	
6 Amount (\$): 173.74	7 Payee address: Arlington, TX	City: State: Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Advertising	(b) Description: Printing of Push Cards
	(c) <input type="checkbox"/> Check if made outside of Texas (Complete Schedule F)	<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: 11/14/23	Payee name: Henderson Co. Republican Party	
Amount (\$):	Payee address: Athens, Tx	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Filing Fee	Description: Fee to Run for Office
	<input type="checkbox"/> Check if travel outside of Texas (Complete Schedule F)	<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: 11/14/23	Payee name: U.S. Postal Service	
Amount (\$): 97.00	Payee address: Athens, Tx	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Rental Expense	Description: Rent fee for P.O. Box 2101 Athens Tx
	<input type="checkbox"/> Check if travel outside of Texas (Complete Schedule F)	<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	Printing 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: 3/3	2 FILER NAME Paul V. Ellzey	3 Filer ID (Ethics Commission Filers)
4 Date 01/11/24	5 Payee name Tractor Supply	
6 Amount (\$) 203.60	7 Payee address: City: State: Zip Code Athens, Tx.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Advertising Expense	(b) Description: T-Post to Hold up signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F	<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 F	<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 F	<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 PERSONAL FUNDS

SCHEDULE G

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	Printing 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 G: 1		2 FILER NAME Paul V. Ellzey		3 Filer ID (Ethics Commission Filers)	
4 Date 11/18/23		5 Payee name Paul Ellzey for Constable Pct. 4			
6 Amount (\$) 900.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address: P.O. Box 2101 Athens, Tx. 75751		City: State: Zip Code	
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Loan to Campaign Acc.		(b) Description Loan - from my bank Account	
		(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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Paul V. Ellzey - Constable - Pct. 4		Office sought Office held	
Date 12/18/23		Payee name Paul Ellzey for Constable Pct. 4			
Amount (\$) 2000.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address: P.O. Box 2101 Athens, Tx. 75751		City: State: Zip Code	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Loan to Campaign Acc.		Description Loan - from my bank Account	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Paul V. Ellzey - Constable Pct. 4		Office sought Office held	
Date 12/28/23		Payee name Paul Ellzey for Constable Pct. 4			
Amount (\$) 1000.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address: P.O. Box 2101 Athens, Tx. 75751		City: State: Zip Code	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Loan to Campaign Acc		Description Loan - from my bank Account	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Paul V. Ellzey		Office sought Office held Constable Pct. 4	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED