CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to	complete this form.	1 Filer ID (El	nics Commission Filens)	2 Total pages file	od:
3 CANDIDATE/ OFFICEHOLDER	MS/MRS/MR FIRST MI JEFFREY 5.				OFFICE USE ONLY	
NAME		CAUGHE	SUFFIX	Date Received FILED FOR RECORD		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX;	APT/EUME#;	CITY; STA		COUNT SLEEK T	2 2024
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	ЕХТ	ENSION	Date Hand-delivered	
6 CAMPAIGN TREASURER	MS/MRS/NB) Pary	FIRST		MI	Receipt # Date Processed	Amount \$
NAME	NICKNAME LAST SUFFIX				Date Imaged	
7 CAMPAIGN TREASURER		OPO BOX PLEASE); APT /		CITY:	STATE;	ZIP CODE
ADDRESS (Residence or Business)	1800 r-	arry ro		, , , , , , , , , , , , , , , , , , ,		7.
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION					
9 REPORT TYPE	January 15	30th day before	e election	Runoff	15th day aft treasurer ap (Officeholder	
	July 15	8th day before	election	Exceeded Modified Reporting Limit		(Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	THROUGH	Month (0/)	Day Year	24
11 ELECTION	ELECTION DATE Month Day D3 / 05 /	Year Primar		Other Description		
12 OFFICE	OFFICE HELD (If any)	ble PCT.	13 OFF	FICE SOUGHT (IF KNOWN LNSTALLE	PCT3	
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 OFFICEHOLDER'S REFERENCE TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE TYPE COMMITTEE NAME					
Additional Pages	GENERAL	COMMITTEE ADDRESS	DE ACUBED MANE			
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN T	REASURER ADDRES	5S 		MANAGE TO THE STATE OF THE STAT
		GO TO	PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	1 Caughron	16 Filer ID (Ethics Commission Filers)			
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ ⊖			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ &			
	4. TOTAL POLITICAL EXPENDITURES	\$ 375 9			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	F THE \$			
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. Signature of Candidate or Officeholder Signature of Candidate or Officeholder					
	Please complete either option below	v:			
(1) Affidavit					
NOTARY STAMP/SEA	_				
Sworn to and subscribed	before me by this the which, witness my hand and seal of office.	22 day of January.			
Dusan Stru	Rland Susan Strickland	County Clark			
Signature of officer administe	ring oath Printed name of officer administering oath OR	Title of ∂ fficer administering oath			
(2) Unsworn Declarati					
My name is	Tey 5 CAUGhton, and my date of birth is 7 V2 Qualg Road 3213, Wills Birt, (city)	$\frac{86/21/1962}{75169}$, $\frac{054}{0000000000000000000000000000000000$			
Executed in <u>Van 2nn</u>	(mont)	(year) date/Officeholder (Declarant)			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME JEFFRY CAUGHTON 20 Filer ID (Ethics Con	mmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ Ø
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ Ø
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ &
4. SCHEDULE E: LOANS	\$ >>
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ &
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ &
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 8
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ &
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 8/
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ &
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ Ø
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 9

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 Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Contributions/Donations Made i Candidate/Officeholder/Politic Credit Card Payment		Legal Services	morials Expense			Travel In District Travel Out Of Dis Other (enter a cate	trict egory not (lated above)	
1 Total pages Schedule G:	2 FILER NA	ME Cey (Bushi			3 Filer ID (Eth	ics Commission Filers)	
4 Date	5 Payee nar	ne /				entre de la constanta de la co		
Reimbursement from political contributions intended	7 Payee add	iress;			City;	State	; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories lis	sted at the top of this	schedule)	(b) Description			
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder tiving expense							
9 Complete ONLY if direct	Candid	ate / Officehol	der name		Office sought		Office held	
expenditure to benefit C/OH		trey (nyzkre	<u> </u>	Quistable	e Acrs	anstable 1003	
Date 11/j2/2023	Payee nan	ne 2andt	Gont	, Rej	oblican	Anty		
Amount (\$) 375, 60	Payee add	lress;	1	,	City;	State	; Zip Code	
Reimbursement from political contributions intended					GANTON	Teran	7510)	
PURPOSE OF			sted at the top of this	schedule)	Description			
EXPENDITURE	Check if travel outside of Texas Complete Schedule T. Check if Austin, TX, officeholder living expense							
	***************************************	ate / Officehole				stin, TX, officeholder livin		
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ne / Officerion	uei ilaine		Office sought		Office held	
Date	Payee nam	ne	377		, , , , , , , , , , , , , , , , , , ,			
Amount (\$)	Payee add	ress;			City;	State;	Zip Code	
Reimbursement from political contributions intended							į	
PURPOSE OF EXPENDITURE	Category	(See Categories lis	ted at the top of this s	schedula)	Description			
	c	heck if travel outside	of Texas, Complete So	chedule T.	Check if Aus	tin, TX, officeholder living	j expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candida	ite / Officeholo	der name	(Office sought		Office held	
arma avaridad by Tayaa Eth		CH ADDITION	IAL COPIES O	F THIS SC	HEDULE AS NEE	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 N	AME JEffrey (Aughrow) 2 Filer ID (Ethics Commission Filers)						
3	SIGNA							
	designa	expect any further political contributions or political expenditures in connection with my candidacy. I understand that ting a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any in contributions or make any campaign expenditures without a campaign treasurer appointment on file. Signature of Candidate / Officeholder						
4		LER WHO IS NOT AN OFFICEHOLDER Complete A & B below <i>only</i> if you are not an officeholder. ••						
	A.	CAMPAIGN FUNDS						
	Chec	conly one:						
		I do not have unexpended contributions or unexpended interest or income 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 longer than six years after filling this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.						
	В,	ASSETS						
	Chec	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 other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.						
		Signature of Candidate						
5		HOLDER blete this section <i>only</i> if you are an officeholder ••						
		I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.						
		Signature of Officeholder						