#### CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE / MS / MRS / MR FIRST OFFICE USE ONLY **OFFICEHOLDER** nomas NAME 말ii 階양약OR RECORD NICKNAME SUFFIX Ommy ADDRESS / PO BOX: FFR 06 2024 4 CANDIDATE / APT / SUITE #; STATE: ZIP CODE **OFFICEHOLDER** O Box 295 MAILING SUSAN STRUCKLAND COUNTY CLERK, VAN ZANDT CO. TX **ADDRESS** Saline, TX. 75140 Change of Address 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** PHONE Receipt # Amount \$ MS / MRS / MR 6 CAMPAIGN TREASURER ama s Date Processed NAME NICKNAME LAST SUFFIX Date Imaged OWWA STREET ADDRESS (NO PO BOX PLEASE); STATE: CAMPAIGN ZIP CODE P.O. BOX 295 TREASURER ADDRESS Grand SalineTX. 75140 (Residence or Business) PHONE NUMBER CAMPAIGN AREA CODE TREASURER PHONE 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) Exceeded Modified July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Month COVERED 2024 THROUGH 11 ELECTION ELECTION DATE **ELECTION TYPE** Runoff Other Description General Special 12 OFFICE OFFICE HELD (If any) 13 OFFICE SOUGHT (if known) Van Zavat THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR POLITICAL CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages 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 Thomas	(Tommy) V. P	nonk		16 Filer ID	(Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED F PLEDGES, LOANS, OF CONTRIBUTIONS MAR	POLITICAL CONTRIBU R GUARANTEES OF L	OANS, OR	\$	- 0 -
	2. TOTAL POLITICAL C (OTHER THAN PLEDGE		RANTEES OF LOANS)	\$	- 0 -
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED P	OLITICAL EXPENDITU	JRE.	\$	375.00
	4. TOTAL POLITICAL E	XPENDITURES		\$	375.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CON OF REPORTING PERIO		NNED AS OF THE LAS	ST DAY \$	- 0 -
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMO LAST DAY OF THE REI		ANDING LOANS AS OF	FTHE \$	- 0 -
1	wear, or affirm, under penalty of population		panying report is true	and correct	and includes all informat
,,,,	quied to be reported by me dilder in	A			A
		$\partial \mathcal{L}$ :	14 11	M	
		Konn	V James V	, 11/0Y	NK
		· Stagger -	Signature of Car	ndidate or Of	fficeholder
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	Please o	omnlete eithe	r option below	<i>,</i> .	
		ompioe our	I opaon seren	•	
	MORGAN S				
	Notary F STATE OF	Public			
(1) Affidavit	ID# 13367	7574-4			
	My Comm. Exp. )				
NOTARY STAMP/SEAL	,	1.1.			
	- thomas	Marian	Mars I	1	California
Sworn to and subscribed I		1. VC/WVWIIO	Y W Lthis the _	√û day	y of FRINKMUMY,
2024 to certify w	vhich, witness my hand and seal of o	ffice.		$\triangle$	101.1.
1 / MOVING	ules (Y)mai	in Nilles			rt I MYK
Signature of off/cer administeri	/ <del>////////////////////////////////////</del>	e of officer administerin	ig oath	Title	of officer administering oath
	\doldoo\		y van		or ornoor administrating call
		OR			
(2) Unsworn Declaratio	n				
My name is	***************************************	, and	d my date of birth is _		
My address is		,		_	
•	(street)	*	(city) (sta	ate) (zip co	ode) (country)
Evacuted in	, ,	- d t h -	, , ,		
Executed in	County, State of	, on the	day or (month)	, 20	(vear)
			Signature of Candida	te/Officeholde	er (Declarant)

# **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID (Ethics Co.	mmission Filers)
Thomas (Tommy) V. Monk	_ Lui.
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	s - O -
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	s - O -
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <b>_</b> O-
4. SCHEDULE E: LOANS	s ~ O-
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	s - O-
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ ~ <b>()</b> -
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ - 0-
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ - O -
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 375,00
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ - 0 -
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ - O-
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ -0-

## 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	ias (Tommy) Vi	Monk		3 Filer ID (Ethics Commission Filers)
4 Date 2/6/2024	5 Full name of contributor		(ID#:)	7 Amount of contribution (\$)
0,0,000		City;		- 0-
9 Principal occur	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
•	County Constable	1.459	Van 2 and +	County
Date	Full name of contributor	out-of-state PAC	: (ID#:)	Amount of contribution (\$)
2/6/2024	Contributor address;	City;	State; Zip Code	- 0 -
Principal occupation / Job title (See Instructions) Employer (See Instruc			tions)	
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
216/2024	Contributor address;	City;	State; Zip Code	- 0 -
Principal occup	pation / Job title (See Instructions)	, , , , , , , , , , , , , , , , , , , ,	Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
216/2024	Contributor address;	City;	State; Zip Code	- 0 -
Principal occup	eation / Job title (See Instructions)		Employer (See Instruct	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:		
2 FILER NAME	nas (Tommy) V. Mowk		3 Filer ID (Ethics Co	mmission Filers)	
• •	F UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS	\$ -	0 -	
5 Date	6 Full name of contributor ☐ out-of-state PAC (ID#:		8 Amount of Contribution \$	9 In-kind contribution description	
2/6/2024	7 Contributor address; City; State;	Zip Code	0-		
			Check if travel outside	de of Texas, Complete Schedule T.	
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIA	AL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JU	DICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spous	se (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor	)	Amount of Contribution \$	In-kind contribution description	
2/6/2024	Contributor address; City; State;	Zip Code	- 0 -	Leaf Territor Consolida Calabata T	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	FOR NON-JUDICIA	de of Texas. Complete Schedule T. AL)(See Instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	itor's job title (FOR JU	DICIAL) (See Instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spous	se (if any) (FOR JUDICIAL)	
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
······································	ATTACH ADDITIONAL COPIES OF T				

## PLEDGED CONTRIBUTIONS

### SCHEDULE B

If the reques	ted information is not applicable, <b>DO NOT inc</b>	clude this page i	in the report.	
The	Instruction Guide explains how to complete this	form.	1 Total pages Sche	dule B:
2 FILER NAME			3 Filer ID (Ethics	Commission Filers)
Thoma	s (Tommy) V. Monk			
4 TOTAL OF	UNITEMIZED PLEDGES		\$ _	0-
5 Date	6 Full name of pledgor	)	8 Amount of Pledge \$	9 In-kind contribution description
2/6/2024	7 Pledgor address; City; Stat	te; Zip Code	- 0 -	1
			Check if travel ou	l. tside of Texas. Complete Schedule T.
10 Principal occu	pation / Job title (See Instructions)	11 Employer (See	Instructions)	
Date	Full name of pledgor	)	Amount of Pledge \$	In-kind contribution description
2/6/2024	Pledgor address; City; Sta		- 0 -	
			Check if travel ou	tside of Texas. Complete Schedule T.
Principal occup	eation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution   description
2/6/2024	Pledgor address; City; Sta		- 0 -	
			Check if travel ou	tside of Texas. Complete Schedule T.
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
2/6/2024	Pledgor address; City; State;	Zip Code	-0-	
			Check if travel ou	tside of Texas. Complete Schedule T.
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDU	LE AS NEEDED	

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

## **LOANS**

## SCHEDULE E

	If the requested information is not applicable, DO NOT include this page in the report.					
<del></del>	The	Instruction Guide explains how to compl	1 Total pages Schedule E:			
2	FILER NAME			3 Filer ID (Ethics Commission Filers)		
		as (Tommy) V. Monk				
4	/			s - O -		
5	Date of loan	7 Name of lender	PAC (ID#: )	9 Loan Amount (\$)		
6	Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate  11 Maturity date		
	Y N			TT Materialy date		
12	Principal occupation					
14 Description of Collateral  15 Check if personal funds account (See Instruction				ds were deposited into political lons)		
16	GUARANTOR INFORMATION	17 Name of guarantor	A A A A A A A A A A A A A A A A A A A	19 Amount Guaranteed (\$)		
	INFORMATION		*************	<b>A</b> -		
		18 Guarantor address; City;	State; Zip Code	- 0		
	not applicable					
20	Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)			
	Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)		
				- 0 -		
				Interest rate		
	Is lender a financial Institution?	Lender address; City;	State; Zip Code			
	Y N			Maturity date		
	Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)			
	Description of Colla	nteral	Check if personal fund	ds were deposited into political		
	none		account (See Instructi			
	GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)		
		Guarantor address; City;	State; Zip Code	- 0 -		
	not applicable			***************************************		
	Principal Occupation	on (See Instructions)	Employer (See Instructions)			
		ATTAOLIA OPPRIORIALIA OPP	IEG OF THIS SOUPDING AS WEE	:DED		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If lender 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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salaries/Wades/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Candidate/Officeholder/Politica Credit Card Payment			ies/Wages/Contract Labor to complete this form.	Other (enter a catego	
1 Total pages Schedule F1:	2 FILER NAM	\ \ A	ık	3 Filer ID (Ethics	Commission Filers)
2/6/2024	5 Payee name	/			
6 Amount (\$) -	7 Payee addre	ss;	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (s	ee Calegories listed at the top of this schedul	e) (b) Description		
	(c) Che	ck if travel outside of Texas. Complete Schedule	T. Check if Austi	n, TX, officeholder living	expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		/ Officeholder name	Office sought		Office held
2/6/2024	Payee name				
Amount (\$)	Payee addre	SS;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (Se	e Categories listed at the top of this schedule	) Description		
	Chec	k if travel outside of Texas. Complete Schedule 1	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate /	Officeholder name	Office sought	I	Office held
216/2024	Payee name				
Amount (\$)	Payee addre	ss;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See	Categories listed at the top of this schedule)	Description		
	Chec	k if travel outside of Texas. Complete Schedule T.	Check if Austin	ı, TX, afficeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate /	Officeholder name	Office sought		Office held
	ATTAC	HADDITIONAL COPIES OF TH	IIS SCHEDULE AS NEE	DED	

# **UNPAID INCURRED OBLIGATIONS**

# SCHEDULE F2

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

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense Accounting/Banking Consulting Expense

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense Travel In District
Travel Out Of District

Candidate/Officeholder/Politica		Vages/Contract Labor	Other (enter a category not listed above)
1 Total pages Schedule F2:	2 FILER NAME Thomas (Tommy) V. Mon		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITER	MIZED UNPAID INCURRED OBLIGATION		s — O —
5 Date 2/6/2024	6 Payee name		
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
9 TYPE OF EXPENDITURE	Political Non-Po	olitical	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the lop of this schedule)	(b) Description	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Au	stin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/O	<b>Canada</b> : = :::= ::::::::::::::::::::::::::::	Office sought	Office held
2/6/2024	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
TYPE OF EXPENDITURE	Political Non-F	Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas, Complete Schedule T.	Check if A	ustin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Carrata to the control of the contro	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NI	EEDED
Earmo provided by Tayas Ethi	cs Commission www.ethics.state.tx.u	JS	Revised 11/15/202

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F3

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F3:		
	is manuación odine explana non co complete una form.	3 Filer ID (Ethics Commission Filers)		
2 FILER NAME	as CTommy V. Monk	3 Filet ID (Carics Commission Filets)		
4 Date	5 Name of person from whom investment is purchased			
31915024	6 Address of person from whom investment is purchased;	City; State; Zip Code		
	7 Description of investment			
	8 Amount of investment (\$)			
Date	Name of person from whom investment is purchased			
21612024	Address of person from whom investment is purchased;	City; State; Zip Code		
	Description of investment			
	Amount of investment (\$)			
	ATTACH ADDITIONAL COPIES OF THIS SCH	IEDULE AS NEEDED		

# **EXPENDITURES MADE BY CREDIT CARD**

# SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Office Overl Polling Expo Printing Exp Salaries/Wa	ense iges/Contract Labor	Solicitation/Fundraising Transportation Equipm Travel In District Travel Out Of District Other (enter a category	ent & Related Expense
1 Total pages Schedule F4:	2 FILER NAME	21110 11011 10 00		3 Filer ID (Ethics C	ommission Filers)
1 (dia) pages deflection (	Thomas (Tommy	1 V. Mon	Κ		
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ - 0 -					
52/6/2024	6 Payee name				
7 Amount (\$)	8 Payee address;		City;	State;	Zip Code
- () -					
9 TYPE OF EXPENDITURE	Political	Non-Pol	itical		
10	(a) Category (See Categories listed at the top of	his schedule)	(b) Description		
PURPOSE OF Expenditure					
	(c) Check if travel outside of Texas. Compl	ete Schedule T.	Check if Au	stin, TX, officeholder living	expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Of	fice sought	Office he	id
Date	Payee name				
21612024					
Amount (\$)	Payee address;		City;	State;	Zip Code
- 0 -					
TYPE OF EXPENDITURE	Political	Non-Po	litical		
	Category (See Categories listed at the top of	this schedule)	Description		
PURPOSE OF					
EXPENDITURE					
	Check if travel outside of Texas. Comp			ustin, TX, officeholder living	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Of	fice sought	Office he	ild
and the registration of the second of the se					- 77 -
	ATTACH ADDITIONAL COPIES	OF THIS SO	CHEDULE AS NE	EDED	

# 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 Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Consulting Expense Polling Expense Travel In District Gift/Awards/Memorials Expense Travel Out Of District Contributions/Donations Made By Printing Expense 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: 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 Date Amount (\$) City; Zip Code State: Reimbursement from political contributions intended Van Zant County Republican Party 8 (a) Category (See Categories listed at the top of this schedule) PURPOSE ees OF Fee for filling for Office **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Van 2 Offide held or Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH NOMAS Payee name 2107/2023 Payee address; Zip Code City; State: *315 (*00 Reimbursement from political contributions intended Van Zandt County Republican Category (See Categories listed at the lop of this schedule) PURPOSE Fees for Filingtor Office OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Pavee address: State: Zip Code City; Reimbursement from political contributions intended Description Category (See Categories listed at the top of this schedule) **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## **PAYMENT MADE FROM POLITICAL CONTRIBUTIONS** TO A BUSINESS OF C/OH

### SCHEDULE H

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

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	cal Committee Legal Services	Polling Expense Travel In District Printing Expense Travel Out Of District Salaries/Wages/Contract Labor Other (enter a category not listed above)
croate corar aymon	The Instruction Guide expla	ns how to complete this form.
1 Total pages Schedule H:	2 FILER NAME (TOMMY)	V. Mo w 3 Filer ID (Ethics Commission Filers)
<sup>4</sup> Date 2/6/20 24	5 Business name	
6 Amount (\$)	7 Business address;	City; State; Zíp Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this	
	(c) Check if travel outside of Texas. Complete S	chedule T. Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
2/6/2024	Business name	
Amount (\$)	Business address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this s	chedule) Description
	Check if travel outside of Texas. Complete So	hedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
2/6/2024	Business name	
Amount (\$)	Business address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this s	chedule) Description
Sarti Batterii Gritta	Check if travel outside of Texas. Complete So	hedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NEEDED

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE |

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule I:	2 FILERNAME Thomas (Tommy) V.	NonK	3 Filer ID (Ethics (	Commission Filers)	
4 Date 2/6/2024	5 Payee name				
6 Amount (\$)	7 Payee address;	City	State	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	instructions regarding type e	of information	
2/6/2024	Payee name				
Amount (\$)	Payee address;	City	State	Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regarding type o	of information	
2/6/2024	Payee name	The state of the s			
Amount (\$)	Payee address;	City	State	Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regarding type o	f information	
71612024	Payee name		A CONTRACTOR OF THE CONTRACTOR		
Amount (\$)	Payee address;	City	State	Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regarding type o	f information	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

#### SCHEDULE K

. and requested intermediate the dephisosistic, 20 to 7 monato the page in the report.					
The Instruction Guide explains how to complete this form.			dule K:		
2 FILER NAME Thomas (Tommy) V, Mouk  3 Filer ID (Ethics Commission Filer					
4 Date	5 Name of person from whom amount is received		8 Amount (\$)		
216/2024	6 Address of person from whom amount is received; City; Sta	te; Zip Code	-0-		
	7 Purpose for which amount is received Check if	political contribution	returned to filer		
Date	Name of person from whom amount is received		Amount (\$)		
2/6/2024	Address of person from whom amount is received; City; Sta	ate; Zip Code	- 0 -		
	Purpose for which amount is received Check if	political contribution	returned to filer		
Date	Name of person from whom amount is received		Amount (\$)		
216/2024	Address of person from whom amount is received; City; Stat	e; Zip Code	-0-		
	Purpose for which amount is received Check if p	political contribution i	returned to filer		
216/2024	Name of person from whom amount is received		Amount (\$)		
	Address of person from whom amount is received; City; Sta	te; Zip Code	- 0 -		
	Purpose for which amount is received Check if p	political contribution r	eturned to filer		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

## IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

### SCHEDULE T

If the requested	Information	is not app	Siicabie, DO NO I	include this pag	e in the report.		
The Instruction Guide explains how to complete this form.					1 Total pages Schedule T	1 Total pages Schedule T:	
2 FILER NAME Thomas (Tommy) V, Monk				3 Filer ID (Ethics Comm	nission Filers)		
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee							
5 Contribution / Expen	diture reporte	d on:					
Schedule A2	edule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1						
Schedule F2	Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS						
6 Dates of travel	Dates of travel 7 Name of person(s) traveling						
	8 Departure city or name of departure location						
	9 Destination city or name of destination location						
10 Means of transporta	tion	11 Purpo	se of travel (including	g name of conference,	, seminar, or other event)		
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee							
Contribution / Expend	diture reporte	d on:			THE STATE OF THE S		
Schedule A2	☐ Sch	edule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1	
Schedule F2	Sch	edule F4	Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS	
Dates of travel	Dates of travel Name of person(s) traveling				MT447-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		
	Departure city or name of departure location						
	Destination city or name of destination location						
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)					
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee							
Contribution / Expend	diture reported	on:					
Schedule A2	Schedu	ıle B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1	
Schedule F2	Schedu	ıle F4	Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS	
Dates of travel	Dates of travel Name of person(s) traveling						
	Departure city or name of departure location						
	Destination city or name of destination location						
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

# 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	s marked "Final Report" ••					
1	C/OH N	NAME	2 Filer ID (Ethics Commission Filers)					
_	The	omas (Tommy) V. Monk						
3	SIGNA							
	designa	t expect any further political contributions or political expenditures in cating a report as a final report terminates my campaign treasurer appogn contributions or make any campaign expenditures without a campa	intment. I also understand that I may not accept any					
4		ILER WHO IS NOT AN OFFICEHOLDER  Complete A & B below only if you are not an officeholder. ••						
	A.	CAMPAIGN FUNDS						
	Chec	k only one:						
	$\Box$	I do not have unexpended contributions or unexpended interest or in	ncome 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.						
	B.	ASSETS						
	Chec	Check only one:						
		I do not retain assets purchased with political contributions or interes	st or other income from political contributions.					
		I do retain assets purchased with political contributions or interest or that I may not convert assets purchased with political contributions of personal use. I also understand that I must dispose of assets purchase requirements of Election Code, § 254.204.	or interest or other income from political contributions to					
5		EHOLDER plete this section <i>only</i> if you are an officeholder ••						
		I am aware that I remain subject to filing requirements applicable to an offile. I am also aware that I will be required to file reports of unexpended an officeholder, I retain political contributions, interest or other income political contributions or interest or other income from political contributions.	d contributions if, after filing the last required report as from political contributions, or assets purchased with					