

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:	
3 CANDIDATE / OFFICEHOLDER NAME MS / MRS / MR <i>Daphne L.</i> NICKNAME <i>Session</i>			FIRST MI LAST SUFFIX	OFFICE USE ONLY Date Received <i>Houston County Election</i> JAN 21 2020 RECEIVED	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address ADDRESS / PO BOX: <i>PO Box #50</i> APT / SUITE #: <i></i> CITY: <i>Crockett TX</i> STATE: <i></i> ZIP CODE: <i>75835</i>			Date Hand-delivered or Date Postmarked Receipt # <i></i> Amount \$ <i></i>		
5 CANDIDATE/ OFFICEHOLDER PHONE AREA CODE <i>(936)</i> PHONE NUMBER <i>545-9929</i> EXTENSION <i></i>			Date Processed Date Imaged		
6 CAMPAIGN TREASURER NAME MS / MRS / MR <i>Daphne L.</i> NICKNAME <i>Session</i>					
7 CAMPAIGN TREASURER ADDRESS STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: <i>213 Martin Luther King Jr. Blvd, Crockett, TX</i> CITY: <i></i> STATE: <i></i> ZIP CODE: <i>75835</i> (Residence or Business)					
8 CAMPAIGN TREASURER PHONE AREA CODE <i>(936)</i> PHONE NUMBER <i>545-9929</i> EXTENSION <i></i>					
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 <i>7</i> Day <i>15</i> Year <i>2025</i> THROUGH <i>1/15/2026</i>					
11 ELECTION ELECTION DATE Month <i>/</i> Day <i>/</i> Year <i></i> <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special			ELECTION TYPE <hr/>		
12 OFFICE OFFICE HELD (if any) <i>District Attorney</i>			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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC 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

Daphne L. Session

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)

\$ 0

2. **TOTAL POLITICAL CONTRIBUTIONS**
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0

4. **TOTAL POLITICAL EXPENDITURES**

\$ 1,110.00

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$ —

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ —

18 SIGNATURE

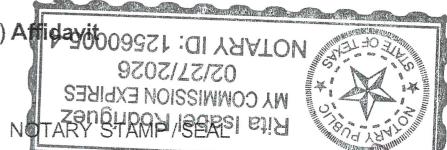
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) **Affidavit**



Sworn to, and subscribed before me by Daphne L. Session this the 21st day of January,

2026, to certify which, witness my hand and seal of office.

Rita Rodriguez

Rita Rodriguez

Office Administrator

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	20 Filer ID (Ethics Commission Filers)	
<i>Daphne L. Session</i>		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	
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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
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	\$ 1,110.00	
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	\$	

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
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
7	Daphne L. Session	
4 Date	5 Payee name	
7-20-2025	Messenger	
6 Amount (\$)	7 Payee address:	City; State; Zip Code
40.00 <input type="checkbox"/> Reimbursement from political contributions intended	PO Box 99,	Grapeland TX 75844
<input type="checkbox"/> Check if individual's residence address.		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising expense	Volunteer Fire Dept. ad
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Daphne Session	Office held
Date	Payee name	
7-31-2025	Messenger	
Amount (\$)	Payee address:	City; State; Zip Code
40.00 <input type="checkbox"/> Reimbursement from political contributions intended	PO Box 99	Grapeland TX 75844
<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising expense	Back to School Safety ad
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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
Daphne Session		Office held
Date	Payee name	
8-20-2025	Messenger	
Amount (\$)	Payee address:	City; State; Zip Code
40.00 <input type="checkbox"/> Reimbursement from political contributions intended	PO Box 99	Grapeland TX 75844
<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising expense	Senior Citizens Day ad
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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
Daphne Session		Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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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/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
1	Daphne L. Session	
4 Date	5 Payee name	
8-24-2025	Messenger	
6 Amount (\$)	7 Payee address:	City: State: Zip Code
40.00	PO Box 99	Grapeland TX 75844
<input type="checkbox"/> Reimbursement from political contributions intended		
<input type="checkbox"/> Check if individual's residence address.		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising expense	Friday Night Lights ad
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9	Candidate / Officeholder name	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Daphne Session	
Date	Office sought	
8-31-2025	Office held	
District Attorney		
Amount (\$)	Payee name	
40.00	Messenger	
<input type="checkbox"/> Reimbursement from political contributions intended		
<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising expense	Labor Day ad
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	
Daphne Session	Office sought	Office held
District Attorney		
Date	Payee name	
8-31-2025	Messenger	
Amount (\$)	Payee address:	City: State: Zip Code
40.00	PO Box 99	Grapeland TX 75844
<input type="checkbox"/> Reimbursement from political contributions intended		
<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising expense	Don't Drink & Drive ad
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	
Daphne Session	Office sought	Office held
District Attorney		

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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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/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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
7	Daphne L. Session	
4 Date	5 Payee name	
9-11-2025	Messenger	
6 Amount (\$)	7 Payee address:	City; State; Zip Code
40.00	PO Box 99	Grapeland TX 75844
<input type="checkbox"/> Check if individual's residence address.		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	
	Advertising expense	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Candidate / Officeholder name	Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/O/H	Daphne Session	District Attorney
Date	Payee name	
9-18-2025	Messenger	
Amount (\$)	Payee address:	City; State; Zip Code
40.00	PO Box 99	Grapeland TX 75844
<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	
	Advertising expense	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name	Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/O/H	Daphne Session	District Attorney
Date	Payee name	
9-28-2025	Messenger	
Amount (\$)	Payee address:	City; State; Zip Code
40.00	PO Box 99	Grapeland TX 75844
<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	
	Advertising expense	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name	Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/O/H	Daphne Session	District Attorney

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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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/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 7	2 FILER NAME: Daphne L. Session	3 Filer ID (Ethics Commission Filers)
4 Date 10-9-2025	5 Payee name Messenger	
6 Amount (\$) 40.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: PO Box 99 <input type="checkbox"/> Check if individual's residence address.	City: Grapeland State: TX Zip Code 75844
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Breast Cancer Awareness ad
	(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 Daphne Session	Office sought Office held District Attorney
Date 10-19-2025	Payee name Messenger	
Amount (\$) 40.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address: PO Box 99 <input type="checkbox"/> Check if individual's residence address.	City: Grapeland State: TX Zip Code 75844
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense	Description Stop Domestic violence ad
Complete ONLY if direct expenditure to benefit C/OH	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date 10-26-2025	Candidate / Officeholder name Daphne Session	Office sought Office held District Attorney
Amount (\$) 40.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address: PO Box 99 <input type="checkbox"/> Check if individual's residence address.	City: Grapeland State: TX Zip Code 75844
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense	Description Red Ribbon Week ad
Complete ONLY if direct expenditure to benefit C/OH	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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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/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 7	2 FILER NAME Daphne L. Session	3 Filer ID (Ethics Commission Filers)
4 Date 11-6-2025	5 Payee name Messenger	
6 Amount (\$) 40.00	7 Payee address; P O Box 99	City; State; Zip Code Grapeland TX 75844
<input type="checkbox"/> Reimbursement from political contributions intended		
<input type="checkbox"/> Check if individual's residence address.		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising expense	(b) Description (Lovetady vs. Grapeland) The Game ad
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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 Daphne Session	Office sought
		Office held District Attorney
Date 11-9-2025	Payee name Messenger	
Amount (\$) 40.00	Payee address; PO Box 99	City; State; Zip Code Grapeland TX 75844
<input type="checkbox"/> Reimbursement from political contributions intended		
<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense	Description Tribute to Veterans ad
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Daphne Session	Office sought
		Office held District Attorney
Date 11-15-2025	Payee name Messenger	
Amount (\$) 40.00	Payee address; PO Box 99	City; State; Zip Code Grapeland TX 75844
<input type="checkbox"/> Reimbursement from political contributions intended		
<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense	Description Christmas in Crockett ad
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Daphne Session	Office sought
		Office held District Attorney
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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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/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
7	Daphne L. Session		
4 Date	5 Payee name		
11-23-2025	Messenger		
6 Amount (\$)	7 Payee address:	City; State; Zip Code	
40.00	PO Box 99	Grapeland TX 75844	
<input type="checkbox"/> Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	Advertising expense	Thankful Thanksgiving ad	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9	Candidate / Officeholder name	Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Daphne Session		District Attorney
Date	Payee name		
11-30-2025	Messenger		
Amount (\$)	Payee address:	City; State; Zip Code	
40.00	PO Box 99	Grapeland TX 75844	
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Advertising expense	Christmas on Main ad	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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
District Attorney	Daphne Session		District Attorney
Date	Payee name		
12-18-2025	Messenger		
Amount (\$)	Payee address:	City; State; Zip Code	
40.00	PO Box 99	Grapeland TX 75844	
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Advertising expense	Christmas greeting	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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
District Attorney	Daphne Session		District Attorney

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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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/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
7	Daphne L. Session		
4 Date	5 Payee name		
1-8-2024	Dept Messenger		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
40.00 <input type="checkbox"/> Reimbursement from political contributions intended	PO Box 99	Grapeland TX 75844	
<input type="checkbox"/> Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	Advertising expense	National Law Enforcement ad	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9	Candidate / Officeholder name	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/OH	Daphne Session		District Attorney
Date	Payee name		
Various due 2025	KIVY		
Amount (\$)	Payee address;	City; State; Zip Code	
350.00 <input type="checkbox"/> Reimbursement from political contributions intended	102 S. 5th Street	Crockett TX 75835	
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Advertising expense	multiple coaches Show radio sponsor	
<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	Office sought	Office held
	Daphne Session		District Attorney
Date	Payee name		
Amount (\$)	Payee address;	City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended	<input type="checkbox"/> Check if individual's residence address.		
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 T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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:
3 CANDIDATE / OFFICEHOLDER NAME MS / MRS / MR FIRST MI Ms Daphne L NICKNAME LAST SUFFIX Session			OFFICE USE ONLY Date Received Houston County Elections AUG 25 2025 RECEIVED	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE P O Box 150, Crockett, Texas 75835 Change of Address				
5 CANDIDATE/ OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION (903) 721-4488			Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME MS / MRS / MR FIRST MI Ms Daphne L NICKNAME LAST SUFFIX Session			Receipt #	Amount \$
			Date Processed	
			Date Imaged	
7 CAMPAIGN TREASURER ADDRESS STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; (Residence or Business) 213 Martin Luther King, Jr. Blvd., Crockett, Texas 75835			STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION (903) 721-4488				
9 REPORT TYPE <input 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 checked="" 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 1 / 15 / 25			Month Day Year THROUGH 7 / 15 / 25	Year
11 ELECTION ELECTION DATE Month Day Year / / / / / /			ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special _____	
12 OFFICE OFFICE HELD (if any) 349th Judicial District Attorney			13 OFFICE SOUGHT (if known)	
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages			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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC		COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

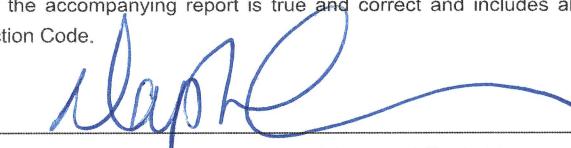
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
Daphne L. Session

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)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>0</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>800.00</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>0</u>
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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.



Signature of Candidate or Officeholder

Please complete either option below:



Sworn to and subscribed before me by Daphne L Session this the 19th day of August,
20 25, to certify which, witness my hand and seal of office.

Rita I. Rodriguez

Rita Rodriguez

Office Administrator

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 Daphne L. Session	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$	
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$	
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. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$	
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS \$ 000.00	
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$	
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$	
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER \$	

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
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME Daphne L. Session	3 Filer ID (Ethics Commission Filers)
4 Date 01/16/2025	5 Payee name Messenger	
6 Amount (\$) 40.00 <small>Reimbursement from political contributions intended</small>	7 Payee address; P O Box 99, Grapeland, Texas 75844	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description ad for Martin Luther King, Jr. Observance
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 <small>Complete ONLY if direct expenditure to benefit C/OH</small>	Candidate / Officeholder name Daphne L. Session	Office sought Office held 349th Judicial DA
Date 02/06/2025	Payee name Messenger	
Amount (\$) 40.00 <small>Reimbursement from political contributions intended</small>	Payee address; P O Box 99, Grapeland, Texas 75844	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description ad for Lovelady Lovefest
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Daphne L. Session	Office sought Office held 349th Judicial DA
Date 02/20/2025	Payee name Messenger	
Amount (\$) 40.00 <small>Reimbursement from political contributions intended</small>	Payee address; P O Box 99, Grapeland, Texas 75844	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description ad for Lovelady ISD Calf Show
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Daphne L. Session	Office sought Office held 349th Judicial DA

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	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME Daphne L. Session	3 Filer ID (Ethics Commission Filers)
4 Date 02/20/2025	5 Payee name Messenger	
6 Amount (\$) 40.00 <small>Reimbursement from political contributions intended</small>	7 Payee address; P O Box 99, Grapeland, Texas 75844	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description ad for Black History Month
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Candidate / Officeholder name Daphne L. Session		Office sought Office held 349th Judicial DA
Date 03/01/2025	Payee name Messenger	
Amount (\$) 40.00 <small>Reimbursement from political contributions intended</small>	Payee address; P O Box 99, Grapeland, Texas 75844	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description ad for Texas Independence Day
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Daphne L. Session		Office sought Office held 349th Judicial DA
Date 03/06/2025	Payee name Messenger	
Amount (\$) 40.00 <small>Reimbursement from political contributions intended</small>	Payee address; P O Box 99, Grapeland, Texas 75844	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description ad for Kennard ISD Tigers (state semifinals)
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Daphne L. Session		Office sought Office held 349th Judicial DA

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	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME Daphne L. Session	3 Filer ID (Ethics Commission Filers)
4 Date 03/16/2025	5 Payee name Messenger	
6 Amount (\$) 40.00 <small>Reimbursement from political contributions intended</small>	7 Payee address; P O Box 99, Grapeland, Texas 75844	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description ad for Thank you for your service
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Candidate / Officeholder name Daphne L. Session		Office sought Office held 349th Judicial DA
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/23/2025	Payee name Messenger	
Amount (\$) 40.00 <small>Reimbursement from political contributions intended</small>	Payee address; P O Box 99, Grapeland, Texas 75844	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description ad for Honor Vietnam Veterans Day
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Daphne L. Session		Office sought Office held 349th Judicial DA
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/03/2025	Payee name Messenger	
Amount (\$) 40.00 <small>Reimbursement from political contributions intended</small>	Payee address; P O Box 99, Grapeland, Texas 75844	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description ad for PWFAA Ritz Opening
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Daphne L. Session		Office sought Office held 349th Judicial DA
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME Daphne L. Session	3 Filer ID (Ethics Commission Filers)
4 Date 04/20/2025	5 Payee name Messenger	
6 Amount (\$) 40.00 <small>Reimbursement from political contributions intended</small>	7 Payee address; P O Box 99, Grapeland, Texas 75844	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description ad for Easter/Resurrection Day
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 <small>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</small>	Candidate / Officeholder name Daphne L. Session	Office sought Office held 349th Judicial DA
Date 04/20/2025	Payee name Messenger	
Amount (\$) 40.00 <small>Reimbursement from political contributions intended</small>	Payee address; P O Box 99, Grapeland, Texas 75844	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description ad for Little League Opening Day
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Daphne L. Session	Office sought Office held 349th Judicial DA
Date 04/24/2025	Payee name Messenger	
Amount (\$) 40.00 <small>Reimbursement from political contributions intended</small>	Payee address; P O Box 99, Grapeland, Texas 75844	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description ad for Blue Sunday
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Daphne L. Session	Office sought Office held 349th Judicial DA

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	Polling 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:	2 FILER NAME Daphne L. Session	3 Filer ID (Ethics Commission Filers)
4 Date 05/11/2025	5 Payee name Messenger	
6 Amount (\$) 40.00 <small>Reimbursement from political contributions intended</small>	7 Payee address; P O Box 99, Grapeland, Texas 75844	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description ad for Honor Law Enforcement Week
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 <small>Complete ONLY if direct expenditure to benefit C/OH</small>	Candidate / Officeholder name Daphne L. Session	Office sought Office held 349th Judicial DA
Date 05/29/2025	Payee name Messenger	
Amount (\$) 40.00 <small>Reimbursement from political contributions intended</small>	Payee address; P O Box 99, Grapeland, Texas 75844	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description ad for Class of 2025
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Daphne L. Session	Office sought Office held 349th Judicial DA
Date 05/29/2025	Payee name Messenger	
Amount (\$) 40.00 <small>Reimbursement from political contributions intended</small>	Payee address; P O Box 99, Grapeland, Texas 75844	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description ad for Thank you Linemen
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Daphne L. Session	Office sought Office held 349th Judicial DA

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	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME Daphne L. Session		3 Filer ID (Ethics Commission Filers)
4 Date 06/08/2025	5 Payee name Messenger		
6 Amount (\$) 40.00 <small>Reimbursement from political contributions intended</small>	7 Payee address; P O Box 99, Grapeland, Texas 75844 City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description ad for 188th Birthday Houston County	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Daphne L. Session		Office sought 349th Judicial DA Office held
Date 06/14/2025	Payee name Messenger		
Amount (\$) 40.00 <small>Reimbursement from political contributions intended</small>	Payee address; P O Box 99, Grapeland, Texas 75844 City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description ad for Thank you for your service	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Daphne L. Session		Office sought 349th Judicial DA Office held
Date 06/19/2025	Payee name Messenger		
Amount (\$) 40.00 <small>Reimbursement from political contributions intended</small>	Payee address; P O Box 99, Grapeland, Texas 75844 City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description ad for Juneteenth	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Daphne L. Session		Office sought 349th Judicial DA 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	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME Daphne L. Session	3 Filer ID (Ethics Commission Filers)
4 Date 06/19/2025	5 Payee name Messenger	
6 Amount (\$) 40.00 <small>Reimbursement from political contributions intended</small>	7 Payee address; P O Box 99, Grapeland, Texas 75844	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description ad for National Day of Prayer for Law Enforcement
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Daphne L. Session	Office sought Office held 349th Judicial DA
Date 07/03/2025	Payee name Messenger	
Amount (\$) 40.00 <small>Reimbursement from political contributions intended</small>	Payee address; P O Box 99, Grapeland, Texas 75844	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description ad for 4th of July
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Daphne L. Session	Office sought Office held 349th Judicial DA
Date	Payee name	
Amount (\$) <small>Reimbursement from political contributions intended</small>	Payee address;	City; State; Zip Code
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 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		

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: 6		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>Mrs.</i>	FIRST <i>Daphne</i>	MI <i>L.</i>	OFFICE USE ONLY		
	NICKNAME	LAST	SUFFIX	Date Received <i>Houston County Elections</i>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>PO Box 150 Crockett, TX 75835</i>			FEB 12 2025 RECEIVED		
5 CANDIDATE/ OFFICEHOLDER PHONE		AREA CODE <i>(936)</i>	PHONE NUMBER <i>545-9929</i>	EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>Mrs.</i>	FIRST <i>Daphne</i>	MI <i>L.</i>	Receipt # <input type="text"/> Amount \$ <input type="text"/>		
	NICKNAME	LAST <i>Session</i>	SUFFIX	Date Processed		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>213 Martin Luther King Jr. Blvd Crockett TX 75835</i>					
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(936)</i>	PHONE NUMBER <i>545-9929</i>	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 <i>11</i>	Day <i>/05</i>	Year <i>2024</i>	Month <i>01</i>	Day <i>/15</i>	Year <i>2025</i>
11 ELECTION	ELECTION DATE Month <i>/</i> Day <i>/</i> Year <i>/</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special				
12 OFFICE	OFFICE HELD (if any) <i>District Attorney</i>	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.					
<input type="checkbox"/> Additional Pages		COMMITTEE TYPE	COMMITTEE NAME			
		<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS			
		<input type="checkbox"/> 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

Daphne L. Session

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)

\$

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 785.00

CONTRIBUTION
BALANCE

4. **TOTAL POLITICAL EXPENDITURES**

\$ 785.00

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

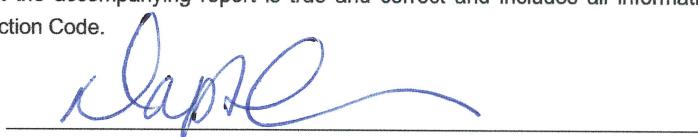
OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

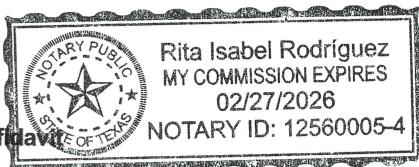
18 SIGNATURE

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.



Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by

Daphne L. Session this the 12th day of February

20 25, to certify which, witness my hand and seal of office.

Rita L. Rodriguez

Rita Rodriguez

Office Administrator

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	20 Filer ID (Ethics Commission Filers)	
<i>Daphne L. Session</i>		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	
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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
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	\$ <i>785.00</i>	
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	\$	

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	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address:	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>Newspaper Ad - Thank You</i>
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Daphne L. Session</i>	Office sought <i>District Attorney</i>
Date <i>11-17-2024</i>	Payee name <i>Messenger</i>	
Amount (\$) <i>40.00</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; <i>P.O. Box 99</i>	City; State; Zip Code <i>Grapeland TX 75844</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising expense</i>	Description <i>Newspaper Ad - Honor Veterans</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Daphne L. Session</i>	Office sought <i>District Attorney</i>
Date <i>11-17-2024</i>	Payee name <i>Messenger</i>	
Amount (\$) <i>80.00</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; <i>P O Box 99</i>	City; State; Zip Code <i>Grapeland TX 75844</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising expense</i>	Description <i>Newspaper Ad - Christmas in Crockett</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Daphne L. Session</i>	Office sought <i>District Attorney</i>
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	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <i>Daphne L. Session</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11-24-2024</i>	5 Payee name <i>Messenger</i>		
6 Amount (\$) <i>\$0.00</i>	7 Payee address; <i>PO Box 99</i>	City; <i>Grapeland</i>	State; <i>TX</i> Zip Code <i>75844</i>
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) <i>Advertising expense</i>		(b) Description <i>Newspaper Ad - Thanksgiving</i>	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH <i>Daphne L. Session</i>		Office sought	Office held <i>District Attorney</i>
Date <i>12-5-2024</i>	Payee name <i>Messenger</i>		
Amount (\$) <i>40.00</i>	Payee address; <i>PO Box 99</i>	City; <i>Grapeland</i>	State; <i>TX</i> Zip Code <i>75844</i>
PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) <i>Advertising expense</i>		Description <i>Newspaper Ad - Christmas in Kennard</i>	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <i>Daphne L. Session</i>		Office sought	Office held <i>District Attorney</i>
Date <i>12-10-2024</i>	Payee name <i>Messenger / Houston Co. Living</i>		
Amount (\$) <i>275.00</i>	Payee address; <i>PO Box 99</i>	City; <i>Grapeland</i>	State; <i>TX</i> Zip Code <i>75844</i>
PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) <i>Advertising expense</i>		Description <i>Magazine Ad</i>	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <i>Daphne L. Session</i>		Office sought	Office held <i>District Attorney</i>
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	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <i>Daphne L. Session</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>12-22-2024</i>	5 Payee name <i>Messenger</i>		
6 Amount (\$) <i>40.00</i>	7 Payee address; <i>PO Box 99</i>	City; <i>Grapeland TX</i>	State; <i>75844</i>
PURPOSE OF EXPENDITURE <input type="checkbox"/> Reimbursement from political contributions intended <i>Advertising expense</i>		(a) Category (See Categories listed at the top of this schedule) (b) Description <i>Newspaper Ad - Christmas</i>	
(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 <u>ONLY</u> if direct expenditure to benefit C/OH <i>Daphne L. Session</i>		Office sought	Office held
		<i>District Attorney</i>	
Date <i>12-24-2024</i>	Payee name <i>Messenger</i>		
Amount (\$) <i>40.00</i>	Payee address; <i>PO Box 99</i>	City; <i>Grapeland TX</i>	State; <i>75844</i>
PURPOSE OF EXPENDITURE <input type="checkbox"/> Reimbursement from political contributions intended <i>Advertising expense</i>		Category (See Categories listed at the top of this schedule) Description <i>Newspaper Ad - Happy New Year</i>	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <i>Daphne L. Session</i>		Office sought	Office held
		<i>District Attorney</i>	
Date <i>1-5-2025</i>	Payee name <i>Messenger</i>		
Amount (\$) <i>40.00</i>	Payee address; <i>PO Box 99</i>	City; <i>Grapeland TX</i>	State; <i>75844</i>
PURPOSE OF EXPENDITURE <input type="checkbox"/> Reimbursement from political contributions intended <i>Advertising expense</i>		Category (See Categories listed at the top of this schedule) Description <i>Newspaper Ad - Law Enforcement</i>	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <i>Daphne L. Session</i>		Office sought	Office held
		<i>District Attorney</i>	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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 Filer)	2 Total pages filed: 5		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MS.	FIRST Daphne	MI L.	OFFICE USE ONLY		
	NICKNAME	LAST Session	SUFFIX	Date Received Houston County Elections		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 150 Crockett TX 75835			FEB 12 2025 RECEIVED		
				Date Hand-delivered or Date Postmarked		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (936)	PHONE NUMBER 545-9929	EXTENSION	Receipt # Amount \$		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MS	FIRST Daphne	MI L.	Date Processed		
	NICKNAME	LAST Session	SUFFIX	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 313 martin Luther King Jr. Blvd Crockett TX 75835					
8 CAMPAIGN TREASURER PHONE	AREA CODE (936)	PHONE NUMBER 545-9929	EXTENSION			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 10	Day 05	Year 2024	Month 11	Day 05	Year 2024
11 ELECTION	ELECTION DATE Month Day Year 11/05/2024		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special			
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known) 349th District Houston Co. District Attorney		
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.					
<input type="checkbox"/> Additional Pages		COMMITTEE TYPE	COMMITTEE NAME			
		<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS			
		<input type="checkbox"/> 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

Daphne L. Session

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)

\$ —

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 305.00

4. **TOTAL POLITICAL EXPENDITURES**

\$ 305.00

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ —

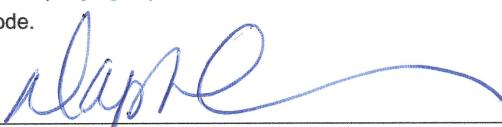
OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ —

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.



Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Daphne L. Session this the 12th day of February,

20 25, to certify which, witness my hand and seal of office.

Rita L. Rodriguez

Rita Rodriguez

Office Administrator

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	20 Filer ID (Ethics Commission Filers)
Daphne L. Session	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
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	\$ 305.00
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	\$

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	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
2	Daphne L. Session	
4 Date	5 Payee name	
10-6-2024	Messenger	
6 Amount (\$)	7 Payee address:	City; State; Zip Code
40.00	P.O. Box 99	Grapeland TX 75844
<input type="checkbox"/> Reimbursement from political contributions intended		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising expense	Newspaper Ad - Peanut Festival
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Candidate / Officeholder name		Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office held
Daphne L. Session		District Attorney
Date	Payee name	
10-13-2024	Messenger	
Amount (\$)	Payee address:	City; State; Zip Code
40.00	P.O. Box 99	Grapeland TX 75844
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising expense	Newspaper Ad - Breast Cancer
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Candidate / Officeholder name		Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office held
Daphne L. Session		District Attorney
Date	Payee name	
10-20-2024	Messenger	
Amount (\$)	Payee address:	City; State; Zip Code
40.00	P.O. Box 99	Grapeland TX 75844
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising expense	Newspaper Ad - Domestic Violence
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Candidate / Officeholder name		Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office held
Daphne L. Session		District Attorney
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	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
2	Daphne L. Session		
4 Date	5 Payee name		
10-24-2024	Messenger		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
40.00	PO Box 99	Grapeland TX 75844	
<input type="checkbox"/> Reimbursement from political contributions intended			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	Advertising expense	Newspaper Ad- Homecoming	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9	Candidate / Officeholder name	Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Daphne L. Session		District Attorney
Date	Payee name		
10-27-2024	Messenger		
Amount (\$)	Payee address;	City; State; Zip Code	
40.00	P. O. Box 99	Grapeland TX 75844	
<input type="checkbox"/> Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Advertising expense	Newspaper Ad- Red Ribbon Week	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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		
12/8/2024	KIVY		
Amount (\$)	Payee address;	City; State; Zip Code	
105.00	102 S. 5th St.	Crockett TX 75835	
<input type="checkbox"/> Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Advertising expense	Radio Ad- Football	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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			

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: 5		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Daphne	MI L	OFFICE USE ONLY		
	NICKNAME	LAST Session	SUFFIX	Date Received <i>Houston County Elections</i> <i>OCT 08 2024</i> <i>RECEIVED</i>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P. O. Box 150, Crockett, Texas 75835					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (903)	PHONE NUMBER 721-4488	EXTENSION (936)545-9929	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Daphne	MI L	Receipt #		
	NICKNAME	LAST Session	SUFFIX	Date Processed		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; 213 Martin Luther King, Jr. Blvd, Crockett, Texas 75835			STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE (936)	PHONE NUMBER 545-9929	EXTENSION			
9 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" 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 7	Day 15	Year 24	Month 10	Day 5	Year 24
11 ELECTION	ELECTION DATE Month Day Year 11 / 5 / 24			ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) Houston County Attorney			13 OFFICE SOUGHT (if known) 349th Judic平 District Attorney/Houston County District Attorney		
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME				
		COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

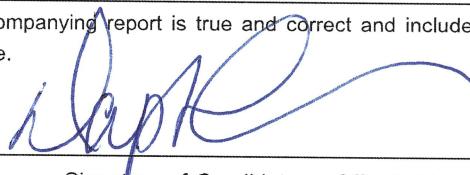
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
Daphne L. Session

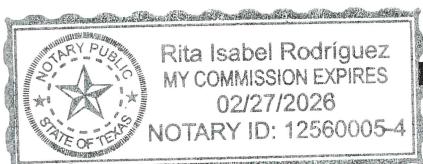
16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 622.50
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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.



Signature of Candidate or Officeholder



Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Daphne Session this the 8th day of October,
2021, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is 5, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.

(street)

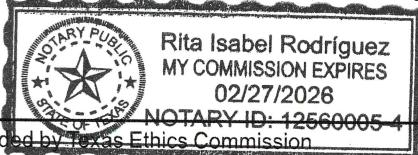
(city)

(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 Daphne L. Session	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	
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. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 622.50
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	

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	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2	2 FILER NAME Daphne L. Session	3 Filer ID (Ethics Commission Filers)	
4 Date 09/30/2024	5 Payee name KIVY		
6 Amount (\$) 262.50 Reimbursement from political contributions intended	7 Payee address; 102 S. 5th Street, Crockett, Texas 75835	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertisement	(b) Description Radio sponsor/ads (Coaches Show)	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Daphne L. Session	Office sought 349th District Attorney	Office held County Attorney
Date 08/21/2024	Payee name Messenger		
Amount (\$) 40.00 Reimbursement from political contributions intended	Payee address; P. O. Box 99, Grapeland, Texas 75844	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisement	Description Honor Senior Citizens	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Daphne L. Session	Office sought 349th District Attorney	Office held County Attorney
Date 09/01/2024	Payee name Messenger		
Amount (\$) 40.00 Reimbursement from political contributions intended	Payee address; P. O. Box 99, Grapeland, Texas 75844	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisement	Description Labor Day	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Daphne L. Session	Office sought 349th District Attorney	Office held County Attorney

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	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2	2 FILER NAME Daphne L. Session	3 Filer ID (Ethics Commission Filers)	
4 Date 09/01/2024	5 Payee name Myrtis Dightman Rodeo		
6 Amount (\$) 200.00 Reimbursement from political contributions intended	7 Payee address; 1704 FM 2110, Crockett, Texas 75835	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertisement	(b) Description Ad in souvenir book (35th Anniversary)	
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Daphne L. Session	Office sought 349th District Attorney	Office held County Attorney
Date 09/19/2024	Payee name Messenger		
Amount (\$) 40.00 Reimbursement from political contributions intended	Payee address; P. O. Box 99, Grapeland, Texas 75844	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisement	Description Hispanic Heritage Day	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Daphne L. Session	Office sought 349th District Attorney	Office held County Attorney
Date 09/29/2024	Payee name Messenger		
Amount (\$) 40.00 Reimbursement from political contributions intended	Payee address; P. O. Box 99, Grapeland, Texas 75844	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisement	Description National Night Out-We Back the Blue	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Daphne L. Session	Office sought 349th District Attorney	Office held County Attorney

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 11		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms	FIRST Daphne	MI L	OFFICE USE ONLY Date Received Houston County Elections JUL 15 2024 RECEIVED		
	NICKNAME Session	LAST	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P O Box 150, Crockett, TX 75835					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (936)	PHONE NUMBER 5544-3255 ext 270	EXTENSION	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms	FIRST Daphne	MI L	Receipt # <input type="text"/> Amount \$ <input type="text"/>		
	NICKNAME Session	LAST	SUFFIX	Date Processed		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; 213 Martin Luther King, Jr. Blvd, Crockett, TX 75835			STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE (903)	PHONE NUMBER 721-4488	EXTENSION			
9 REPORT TYPE	<input 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 checked="" type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month 1	Day 15	Year 24	Month 7	Day 15	Year 24
11 ELECTION	ELECTION DATE Month / Day / Year / /		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other Description N/A <input type="checkbox"/> General <input type="checkbox"/> Special			
12 OFFICE	OFFICE HELD (if any) County Attorney			13 OFFICE SOUGHT (if known) District Attorney		
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME				
		COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

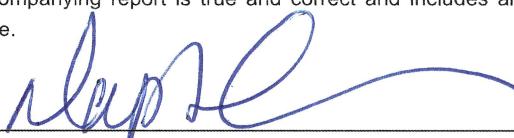
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

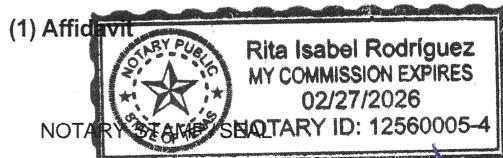
15 C/OH NAME Ms. Daphne L Session	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) \$ 26.11
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 26.11
CONTRIBUTION BALANCE	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ 0
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES \$ 733.89
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 0
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0

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.



Signature of Candidate or Officeholder

Please complete either option below:



Sworn to and subscribed before me by Daphne L. Session this the 15th day of July, 2024, to certify which, witness my hand and seal of office.

Rita I. (Rodr) Signature of officer administering oath

Rita Isabel Rodriguez Printed name of officer administering oath

Office Supervisor 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 Ms. Daphne L. Session	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	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <u>26.11</u>
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <u>733.89</u>
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1	2 FILER NAME Ms. Daphne L. Session	3 Filer ID (Ethics Commission Filers)	
4 Date 12/02/2023	5 Payee name Messenger		
6 Amount (\$) 21e,11	7 Payee address; P O Box 99, Grapeland, TX 75844	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Christmas in Grapeland	
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Daphne Session	Office sought County Attorney	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	
	Check if travel outside of Texas. Complete Schedule T.		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	
	Check if travel outside of Texas. Complete Schedule T.		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	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <i>4</i>	2 FILER NAME Ms. Daphne L. Session	3 Filer ID (Ethics Commission Filers)
4 Date 12/02/2023	5 Payee name Messenger	
6 Amount (\$) 13.89 Reimbursement from political contributions intended	7 Payee address; P O Box 99, Grapeland, Tx 75844	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Christmas in Grapeland
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH Daphne Session	Office sought	Office held County Attorney
Date <i>12/10/2023</i>	Payee name Messenger	
Amount (\$) 40.00 Reimbursement from political contributions intended	Payee address; P O Box 99, Grapeland, Tx 75844	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Kennard Homecoming
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH Daphne Session	Office sought	Office held County Attorney
Date <i>12/17/2023</i>	Payee name Messenger	
Amount (\$) 40.00 Reimbursement from political contributions intended	Payee address; P O Box 99, Grapeland, Tx 75844	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Adverstising	Description Merry Christmas greeting
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH Daphne Session	Office sought	Office held County Attorney

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	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME Ms. Daphne L. Session	3 Filer ID (Ethics Commission Filers)
4 Date 12/28/2023	5 Payee name Messenger	
6 Amount (\$) 40.00 Reimbursement from political contributions intended	7 Payee address; P O Box 99, Grapeland, Tx 75844	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Don't Drink & Drive
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH Daphne Session	Office sought	Office held County Attorney
Date 12/31/2023	Payee name Messenger	
Amount (\$) 40.00 Reimbursement from political contributions intended	Payee address; P O Box 99, Grapeland, Tx 75844	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Happy New Year
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH Daphne Session	Office sought	Office held County Attorney
Date 01/07/2024	Payee name Messenger	
Amount (\$) 40.00 Reimbursement from political contributions intended	Payee address; P O Box 99, Grapeland, Tx 75844	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Adverstising	Description National Law Enforcement Appreciation
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH Daphne Session	Office sought	Office held County Attorney
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	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME Ms. Daphne L. Session		3 Filer ID (Ethics Commission Filers)
4 Date 01/14/2024	5 Payee name Messenger		
6 Amount (\$) 40.00 <small>Reimbursement from political contributions intended</small>	7 Payee address; P O Box 99, Grapeland, Tx 75844 City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Martin Luther King, Jr. Observance	
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
9 Candidate / Officeholder name Daphne Session		Office sought	Office held County Attorney
Date 02/08/2024	Payee name Messenger		
Amount (\$) 40.00 <small>Reimbursement from political contributions intended</small>	Payee address; P O Box 99, Grapeland, Tx 75844 City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Lovefest	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Candidate / Officeholder name Daphne Session		Office sought	Office held County Attorney
Date 02/15/2024	Payee name Messenger		
Amount (\$) 40.00 <small>Reimbursement from political contributions intended</small>	Payee address; P O Box 99, Grapeland, Tx 75844 City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Adverstising	Description Black History Month	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Candidate / Officeholder name Daphne Session		Office sought	Office held County Attorney

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	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME Ms. Daphne L. Session	3 Filer ID (Ethics Commission Filers)
4 Date 03/17/2024	5 Payee name Messenger	
6 Amount (\$) 40.00 Reimbursement from political contributions intended	7 Payee address; P O Box 99, Grapeland, Tx 75844	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Thank You Emergency Agencies
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH Daphne Session	Office sought	Office held County Attorney
Date 03/21/2024	Payee name Messenger	
Amount (\$) 40.00 Reimbursement from political contributions intended	Payee address; P O Box 99, Grapeland, Tx 75844	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Womens History Month
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH Daphne Session	Office sought	Office held County Attorney
Date 03/31/2024	Payee name Messenger	
Amount (\$) 40.00 Reimbursement from political contributions intended	Payee address; P O Box 99, Grapeland, Tx 75844	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Adverstising	Description Easter
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH Daphne Session	Office sought	Office held County Attorney
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	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME Ms. Daphne L. Session	3 Filer ID (Ethics Commission Filers)
4 Date 04/14/2024	5 Payee name Messenger	
6 Amount (\$) 40.00 Reimbursement from political contributions intended	7 Payee address; P O Box 99, Grapeland, Tx 75844	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description D.A.R.E Day
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH Daphne Session	Office sought	Office held County Attorney
Date 04/25/2024	Payee name Messenger	
Amount (\$) 40.00 Reimbursement from political contributions intended	Payee address; P O Box 99, Grapeland, Tx 75844	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Stop Child Abuse!
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH Daphne Session	Office sought	Office held County Attorney
Date 05/12/2024	Payee name Messenger	
Amount (\$) 40.00 Reimbursement from political contributions intended	Payee address; P O Box 99, Grapeland, Tx 75844	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Adverstising	Description Law Enforcement Week
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH Daphne Session	Office sought	Office held County Attorney
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	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME Ms. Daphne L. Session	3 Filer ID (Ethics Commission Filers)
4 Date 06/16/2024	5 Payee name Messenger	
6 Amount (\$) 40.00 Reimbursement from political contributions intended	7 Payee address; P O Box 99, Grapeland, Tx 75844	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Juneteenth
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH Daphne Session	Office sought	Office held
		County Attorney
Date 06/20/2024	Payee name Messenger	
Amount (\$) 40.00 Reimbursement from political contributions intended	Payee address; P O Box 99, Grapeland, Tx 75844	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description National Day of Prayer for L E
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH Daphne Session	Office sought	Office held
		County Attorney
Date 07/04/2024	Payee name Messenger	
Amount (\$) 80.00 Reimbursement from political contributions intended	Payee address; P O Box 99, Grapeland, Tx 75844	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Adverstising	Description 4th of July x 2
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH Daphne Session	Office sought	Office held
		County Attorney
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 marked "Final Report" ••

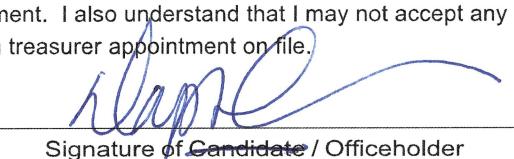
1 C/OH NAME

Daphne Lynette Session

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.



Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below *only* if you are not an officeholder. ••

A. CAMPAIGN FUNDS

Check only 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 filing 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

Check only one:

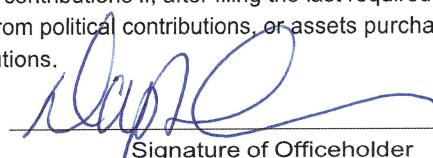
- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political 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 OFFICEHOLDER

•• Complete this section *only* 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

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: 4				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Ms. Daphne	MI	OFFICE USE ONLY				
	NICKNAME	LAST Session	SUFFIX					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P. O. Box 150, Crockett, TX 75835			Date Received Houston County Elections JUL 15 2024 RECEIVED				
Change of Address								
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (903)	PHONE NUMBER 721-4488	EXTENSION	Date Hand-delivered or Date Postmarked				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Ms. Daphne	MI	Receipt #				
	NICKNAME	LAST Session	SUFFIX L.	Amount \$				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; 213 Martin Luther King, Jr. Blvd., Crockett, TX 75835			STATE; ZIP CODE				
8 CAMPAIGN TREASURER PHONE	AREA CODE (903)	PHONE NUMBER 721-4488	EXTENSION					
9 REPORT TYPE	<input 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 checked="" 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 12	Day 3	Year 23	Month 7	Day 12	Year 24		
11 ELECTION	ELECTION DATE Month Day Year 11 / 5 / 24			ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special				
12 OFFICE	OFFICE HELD (if any) County Attorney			13 OFFICE SOUGHT (if known) 349th Judicial District Attorney/Houston County District Attorney				
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME						
		COMMITTEE ADDRESS						
		COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TREASURER ADDRESS						

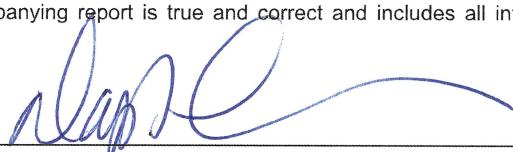
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Ms. Daphne Session	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) \$ 0.00
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 0.00
CONTRIBUTION BALANCE	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ 0.00
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES \$ 850.00
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 0.00
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

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.



Signature of Candidate or Officeholder

Please complete either option below:



Sworn to and subscribed before me by Daphne Session this the 15th day of July,
20 24, to certify which, witness my hand and seal of office.

Rita I. Rodriguez Signature of officer administering oath

Rita Isabel Rodriguez Printed name of officer administering oath

Office Supervisor 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 _____.

Signature of Candidate/Officeholder (Declarant)

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

19 FILER NAME Ms. Daphne Session	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	\$
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. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 850.00
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1	2 FILER NAME Ms. Daphne Session	3 Filer ID (Ethics Commission Filers)	
4 Date 12/21/2023	5 Payee name Messenger		
6 Amount (\$) 350.00 Reimbursement from political contributions intended	7 Payee address; P O Box 99, Grapeland, TX 75844	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Political calendar	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
9	Candidate / Officeholder name Daphne Session	Office sought District Attorney	Office held County Attorney
Date 03/02/2024	Payee name Messenger		
Amount (\$) 150.00 Reimbursement from political contributions intended	Payee address; P O Box 99, Grapeland, TX 75844	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Thank You ad	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Daphne Session	Office sought District Attorney	Office held County Attorney
Date 07/12/2024	Payee name Messenger		
Amount (\$) 350.00 Reimbursement from political contributions intended	Payee address; P O Box 99, Grapeland, TX 75844	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Political calendar	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Daphne Session	Office sought District Attorney	Office held County Attorney

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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:			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>Daphne</i>	FIRST <i>L.</i>	MI SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <i>PO Box 150 Crockett TX 75835</i>					
<input type="checkbox"/> Change of Address		Date Received <i>Houston County Elections</i>				
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE <i>(936)</i>	PHONE NUMBER <i>545-9929</i>	EXTENSION			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>Daphne</i>	FIRST <i>L.</i>	MI SUFFIX			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE <i>213 Martin Luther King Jr. Blvd Crockett, TX 75835</i>					
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(936)</i>	PHONE NUMBER <i>545-9929</i>	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 <i>1</i>	Day <i>15</i>	Year <i>23</i>	Month <i>1</i>	Day <i>15</i>	Year <i>24</i>
11 ELECTION	ELECTION DATE Month <i>/</i> Day <i>/</i> Year <i>/</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special				
12 OFFICE	OFFICE HELD (if any) <i>County Attorney</i>		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.					
<input type="checkbox"/> Additional Pages		COMMITTEE TYPE	COMMITTEE NAME			
		<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS			
		<input type="checkbox"/> 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

Daphne L. Session

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)

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 0

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$ 26.11

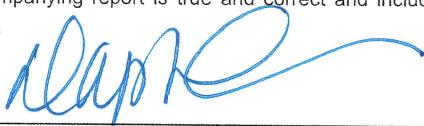
OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

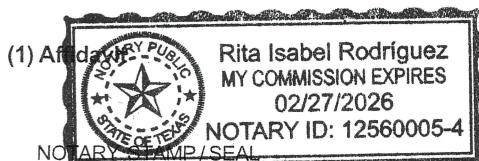
18 SIGNATURE

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.



Signature of Candidate or Officeholder

Please complete either option below:



Sworn to and subscribed before me by

Daphne L. Session

this the 13 day of

February

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

Rita I. Polino

Rita Rodriguez

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)

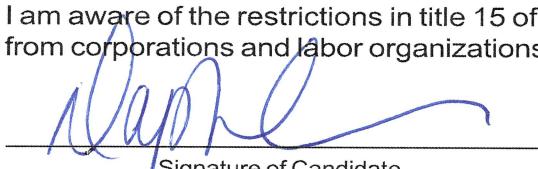
Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA

PG 1

See CTA Instruction Guide for detailed instructions.						1 Total pages filed: 2
2 CANDIDATE NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY Filer ID # Date Received Houston County Elections DEC 01 2023 RECEIVED Date Hand-delivered or Postmarked		
	Ms.	Daphne	Lynette			
	NICKNAME	LAST	SUFFIX			
	Session					
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE					
	P. O. Box 150, Crockett, Texas 75835					
4 CANDIDATE PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Receipt # Amount \$ Date Processed		
	(936)	545-9929 and (903)721-4488				
5 OFFICE HELD (if any)						Date Imaged
6 OFFICE SOUGHT (if known)	District Attorney for Houston County (349th Judicial District)					
7 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI	NICKNAME	LAST	SUFFIX
	Ms.	Daphne		Lynette		Session
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS: APT / SUITE #: CITY: STATE: ZIP CODE					
	213 Martin Luther King, Jr. Blvd., Crockett, Texas 75835					
9 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	(936)	545-9929 and (903)721-4488				
10 CANDIDATE SIGNATURE	<p>I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.</p> <p>I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.</p> <p>I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.</p>  <p>Signature of Candidate</p>  <p>Date Signed</p>					

GO TO PAGE 2

CANDIDATE MODIFIED REPORTING DECLARATION

FORM CTA
PG 2

11 CANDIDATE NAME	Daphne Lynette Session
12 MODIFIED REPORTING DECLARATION	<p>COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING</p> <p>•• This declaration must be filed no later than the 30th day before the first election to which the declaration applies. ••</p> <p>•• The modified reporting option is valid for one election cycle only. •• (An election cycle includes a primary election, a general election, and any related runoffs.)</p> <p>•• Candidates for the office of state chair of a political party may NOT choose modified reporting. ••</p> <p>I do not intend to accept more than \$1,010 in political contributions or make more than \$1,010 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. I understand that if either one of those limits is exceeded, I will be required to file pre-election reports and, if necessary, a runoff report.</p>

2024

Year of election(s) or election cycle to which declaration applies



Signature of Candidate

This appointment is effective on the date it is filed with the appropriate filing authority.

TEC Filers may send this form to the TEC electronically at treasappoint@ethics.state.tx.us
or mail to
Texas Ethics Commission
P.O. Box 12070
Austin, TX 78711-2070

Non-TEC Filers must file this form with the local filing authority
DO NOT SEND TO TEC

For more information about where to file go to:
<https://www.ethics.state.tx.us/filinginfo/QuickFileAReport.php>