CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to	o complete this form.	1 Filer ID (Ethics Commis	sion Filers)	2 Total pages fil	ed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI			USE ONLY
NAME	NICKNAME .	Lovell	SU	FFIX	Date Received	County Elections
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	,	CODE	•	0 5 2024
Change of Address	281 CR	1590 G	rapeland TX 7	5844		a Gar Mit a to dan orn.
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (936) 25	PHONE NUMBER 22- 8798	EXTENSION		Date Hand-delivere	d or Date Postmarked Amount \$
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Heath	MI		Date Processed	Amount
	NICKNAME	Lovell		JFFIX	Date Imaged	
7 CAMPAIGN TREASURER	STREET ADDRESS (N	IO PO BOX PLEASE); APT /			STATE;	ZIP CODE
ADDRESS (Residence or Business)	8511 H	WY 195.	Lovelady	,	TX	75851
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
FHONE	(936).	545-5097				
9 REPORT TYPE	January 15	30th day before	e election Runoff			after campaign appointment der Only)
	July 15	8th day before	election Exceeder Reporting	d Modified g Limit	Final Rep	ort (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day . Year	THROUGH	Month O2	Day Ye	
11 ELECTION	ELECTION DA		. ELE	CTION TYPE		
-	Month Day	Year Primar		Other Description		
National Association of the Control	03/05/	24 Gener	al Special			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUC	•).£ 1
		nmissioner			ssioner f	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITU	NS ACCEPTED OR POLITICAL EXP RES MAY HAVE BEEN MADE WITH QUIRED TO REPORT THIS INFORMA	OUT THE CAN	IDIDATE'S OR OFFICER	OLDER'S KNOWLEDGE UR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	NA			
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN T	REASURER NAME			
		COMMITTEE CAMPAIGN	TREASURER ADDRESS			
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

OAIIII AIOI	THAITCE ILE OIL	
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAI PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ - O -
	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	\$ 803.47
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD	AST DAY \$ -O-
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS CLAST DAY OF THE REPORTING PERIOD	OF THE \$ - O -
	swear, or affirm, under penalty of perjury, that the accompanying report is true to be reported by me under Title 15. Election Code.	rue and correct and includes all information
re	equired to be reported by me under Title 15, Election Code.	
	Hary love	<u>ee</u>
	signature of C	Candidate or Officeholder
	Please complete either option below	W:
	BRITTANI WOMACK	
(1) Affidavit	NOTARY PUBLIC STATE OF TEXAS MY COMM. EXP. 10/05/24 NOTARY ID 12915424-3	
NOTARY STAMP / SEA	AL AL	_
Sworn to and subscribed	t before me by <u>GARY VOUCH</u> this the	е <u>5</u> day of РИОГИОЛ
0.1	y which, witness my hand and seal of office.	J
Brutt on	suxmack Battani womack	1st Jant. Qualital
Signature of officer administr	ering oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declarati	ion	
h.A.,	and the second s	io
apone si	, and my date of birth	19
iviy address is	(street) (city)	(state) (zip code) (country)
Executed in	County, State of , on the day of (mor	
	(mor	nth) (ỳear)
	Signature of Cano	ndidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Com	nmission Filers)
21	SUBTOTAL AMOUNT	
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$ -0-
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ -D-
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ -0-
4.	SCHEDULE E: LOANS	\$ -0-
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ -0-
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ -0-
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 803.47
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ -0-
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ - 0-
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ _0-

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 Candidate/Officeholder/Politic Credit Card Payment	Fees Office C Food/Beverage Expense Polling By Gift/Awards/Memorials Expense Printing	Overhead/Rental Expense Tra Expense Tra g Expense Tra s/Wages/Contract Labor Oth	icitation/Fundraising Expense nsportation Equipment & Related Expense vel In District vel Out Of District ter (enter a category not listed above)	
	The histaction dutice explains now t	o complete tina torni.		
1 Total pages Schedule G:	2 FILER NAME Gary Lovell	3 F	Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name			
01-08-24	Gary Lovell	Grapeland	Tx 75844	
6 Amount (\$) \$ 725,00	7 Payee address;	City;	State; Zip Code	
Reimbursement from political contributions intended	281 CR 1590	Grapeland	Tx 75844	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Advertising Expense (c) Check if travel outside of Texas. Complete Schedule T.	Political Cale	nder KIYY officeholder living expense	
9	Candidate / Officeholder name	Office sought	Office held	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeroider frame	Office Sought	Office field	
Date	Payee name			
01-19-24	Gary Lovell	Grapeland	TX 75844	
Amount (\$) \$ 177, 43	Payee addres ≴ ;	City;	State; Zip Code	
Reimbursement from political contributions intended	281 CR 1590	Grapeland	TX 75844	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description		
OF EXPENDITURE	Advertising Expense	Political Car	rds	
	Check if travel outside of Texas. Complete Schedule T.	tl	officeholder living expense	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
01-25-24	Gary Lovell			
Amount (\$) 9 106.60 Reinburgsmant from	Payee address,	City;	State; Zip Code	
Reimbursement from political contributions intended	281 CR 1590	Grapeland	TX 75844	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description		
OF EXPENDITURE	Advertising Expense	Political Sti	ckers	
	Check if iravel 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	S 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officenoider/Politic Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a categor	y not noted above,
1 Total pages Schedule G:			3 Filer ID (Ethics	Commission Filers)
	5 Payee name			
1 Date			_	in the 16 ft
02-02-24	Gary Lovell 7 Payee address;	Grapsland City:	TX .	75844
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
# 294,44 Reimbursement from				
political contributions intended	281 CR 1590	Grapeland	TX	75844
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF	Advision Expanse	Political	Cards	
EXPENDITURE	Advertising Expense (c) Check if If avel outside of Texas. Complete Schedule T.		. TX. officeholder living e	xpense
9	Candidate / Officeholder name	Office sought	. The omornoider army o	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Canadado / Cinositolado / Nama			
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE				
EXPENDITORE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended				
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description		
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.		n. TX, officeholder living	
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 NEED	DED	

CANDIDA CAMPAIG	TE / OFF	ICEHOLDER CE REPORT		FORM C/OH COVER SHEET PG 1
The C/OH Instruction	Guide explains ho	w to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS / MR	FIRST Gary	MI W	OFFICE USE ONLY
	NICKNAME	Lovell	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BO	73 11 33112 #;	city: STATE: ZIP CODE Peland Tx 75844	4202 7 1 NAL
Change of Address			,	Houston County Elections
5 CANDIDATE/ OFFICEHOLDER PHONE	(936) 2	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR NICKNAME	FIRST Heath	MI W	Receipt # Amount \$ Date Processed
reference and the second state of the second s	VIONE	Lovell	SUFFIX	Date imaged
7 CAMPAIGN TREASURER	STREET ADDRESS	(NO PO BOX PLEASE); APT / S	UITE #; CITY;	STATE; ZIP CODE
ADDRESS (Residence or Business)	8511 H	wy 195.	Lovelady, Texa	75851
8 CAMPAIGN TREASURER PHONE	AREA CODE (936)	PHONE NUMBER 545~5097	EXTENSION	
9 REPORT TYPE	January 15	30th day before e	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	ction Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 3	Day Year	Month	. Day Year
11 ELECTION	ELECTION DA		THROUGH OI/	15/24
	Month Day	Year Primary	ELECTION TYPE Runoff Other Description	
	03/05/	24 General	Special	
12 OFFICE	OFFICE HELD (If any)		13 OFFICE SOUGHT (if known)	
14 NOTICE FROM		pmmissioner PC+		
POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC CONSENT. CANDIDATES	DEHOLDER. THESE EXPENDITURES B AND OFFICEHOLDERS ARE REQUIF	MAY HAVE BEEN MADE WITHOUT THE CAND RED TO REPORT THIS INFORMATION ONLY IF THE	ADE BY POLITICAL COMMITTEES TO SUPPORT IDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.
	COMMITTEE TYPE	COMMITTEE NAME	NA	
Additional Pages	GENERAL	COMMITTEE ADDRESS		
· ·	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME	
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS	

All My House

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH

CAMPAIG	N FINANCE REPORT	COVER SHEET PG 2
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OT PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	THER THAN \$ - O -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF	S 450,00
EXPENDITURE TOTALS	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	s -o-
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,507.42
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS CONTRIBUTION AS CONTRIBUTIO	OF THE LAST DAY \$
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LC LAST DAY OF THE REPORTING PERIOD	DANS AS OF THE \$ -0-
18 SIGNATURE I sy req	vear, or affirm, under penalty of perjury, that the accompanying reuired to be reported by me under Title 15, Election Code.	Houll and correct and includes all information with the state of Candidate or Officeholder
	Please complete either option	n below:
(1) Affidavit	STATE OF TEXAS ID # 12560644-1 My Comm. Expires 03-31-2026	
NOTARY STAMP/SEAL	pefore me by Shary Luker	_this the
20 24 , to certify when the second se	unich, witness my hand and seal of office. Uncy Luhy Sharon Renay Ly	,
2) Unsworn Declaratio	OR n	
	, and my date	e of birth is
	(street) (city) County, State of, on theday	of, 20(month) (state) (zip code) (country)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Co	mmiss	ion Filers)
Gary Lovell	11 - 3		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	450,00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	-0-
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	-0-
4. SCHEDULE E: LOANS		\$	-0-
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	450.00
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		S	-0-
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$	-0-
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	-0-
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	\$	2057,42
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	A BUSINESS OF C/OH	\$	~0-
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$	-0-
12. SCHEDULE K: INTEREST. CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$	-0-

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

		, 0	
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Gary Lovell		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
12-23	! [State; Zip Code	\$350.00
	1014 CR 1825 Crocke	HTX 75835	
	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
	ancher	Self	
Date	Full name of contributor out-of-state_PAC	; (ID#:)	Amount of contribution (\$)
12-23		State; Zip Code	\$100.00
	30211 Little Brook Ln.	Magnola, IX	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
R	etired		
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
		•	
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Instr		

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 Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 12-23 6 Amount (\$) 7 Payee address; City; Zip Code State: 350.00 Crockett 1014 CR 1825 (b) Description 8 Political Calendar **PURPOSE** OF Political Advertising MOSSENGET Adv. **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX. officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 12-23 Amount (\$) State: Zip Code 100,00 30211 Little Brook LD. Magnola TX. **PURPOSE** OF Political Signs TX GOPSign Shop **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Рауее пате Date Amount (\$) Payee address; City: State: Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin. TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held 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 Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor s how to complete this form.	Solicitation/Fundraisin Transportation Equipm Travel In District Travel Out Of District Other (enter a category	ent & Related Expense
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics	Commission Eilora)
,	Gary Love		J Filer ID (Ellics	Commission Filers)
4 Date	5 Payee name			
12-7-23	Gary Lovell			
6 Amount (\$) 908.35	7 Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended	281 CR 1590	Grapeland	て入	75844
8 PURPOSE	(a) Category (See Categories listed at the top of this so	hedule) (b) Description		
OF EXPENDITURE	Advertising Expense	Political	Signs	
9	(c) Check if travel outside of Texas. Complete Sch		TX, officeholder living ex	
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OH	Gary Lovell	Comm. Pct 1	Co	mm Pct 1
Date	Payee name		-	
12-13-23	Gary Lovell			
Amount (\$) 454.65	Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended	281 CR 1590	Grapeland	TX	75844
PURPOSE	Category (See Categories listed at the top of this so	chedule) Description		
OF EXPENDITURE	Advertising Expense	2 Political	Signs	
	Check if travel outside of Texas. Complete Sch	nedule T. Check if Austin,	TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	,	Office held
Date	Payee name			
1-4-23	Gary Lovell			
Amount (\$) 694.42	Payee address,	City;	State;	Zip Code
Reimbursement from political contributions intended	181 CR 1590	Grapeland	TX	75844
PURPOSE	Category (See Categories listed at the top of this so	hedule) Description	TO THE RESERVE OF THE PARTY OF	
OF EXPENDITURE	Advertising Expense	Political	Signs	
1	Check if travel outside of Texas. Complete Sch	nedule T. Check if Austin.	TX, officeholder living ex	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF	F THIS SCHEDULE AS NEED	ED	

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA

See	1 Total pages filed:		
2 CANDIDATE	MS/MRS/MR FIRST M!	OFFICE USE ONLY	
NAME	Gary W	Filer ID #	
	NICKNAME LAST SUFFIX	Dala Register County Elections	
	Lovell		
3 CANDIDATE	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	NOV 2 0 2023	
MAILING ADDRESS		received	
	281 CR 1590 Grapeland TX 75844	Date Hand-delivered or Postmarked	
4 CANDIDATE PHONE	AREA CODE PHONE NUMBER EXTENSION	Receipt# Amount\$	
	(936) 222-8798	Date Processed	
5 OFFICE HELD (if any)	Commissioner Pct 1	Date Imaged	
6 OFFICE SOUGHT (if known)	Commissioner pet 1		
7 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI NICKNAME	LAST SUFFIX	
	Heath W	_ouell	
8 CAMPAIGN TREASURER STREET ADDRESS	STREET ADDRESS; APT / SUITE #; CITY;	STATE; ZIP CODE	
(residence or business)	8511 Hwy 195. Lovelady	TX	
9 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER EXTENSION		
PHONE	(936) 545-5097		
10 CANDIDATE SIGNATURE	I am aware of the Nepotism Law, Chapter 573 of the Te	exas Government Code.	
	I am aware of my responsibility to file timely reports a the Election Code.	s required by title 15 of	
	I am aware of the restrictions in title 15 of the Election of from corporations and labor organizations.	Code on contributions	
a managaran panagaran pana	Hary Louell	9-16-23	
	Signature of Candidate	Date Signed	
GO TO PAGE 2			