

# 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 <u>MR</u> FIRST <u>JAMES</u> MI <u>A</u><br>NICKNAME LAST SUFFIX<br><u>ANGERSTEIN</u>                                                                                                                                                                                                                                                                                                                                  | <b>OFFICE USE ONLY</b><br>Date Received <u>Houston County Elections</u><br><b>OCT 07 2024</b><br>RECEIVED<br>Date Hand-delivered or Date Postmarked<br>Receipt # Amount \$<br>Date Processed<br>Date Imaged |                      |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br><u>242 CR 1605 CROCKETT TX 75835</u>                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                             |                      |
| 5 CANDIDATE / OFFICEHOLDER PHONE                                                         | AREA CODE PHONE NUMBER EXTENSION<br><u>(936) 222-1401</u>                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                             |                      |
| 6 CAMPAIGN TREASURER NAME                                                                | MS / MRS / MR <u>MR</u> FIRST <u>CAREY</u> MI <u>A</u><br>NICKNAME LAST SUFFIX<br><u>ANGERSTEIN</u>                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                             |                      |
| 7 CAMPAIGN TREASURER ADDRESS<br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br><u>242 CR 1605 CROCKETT TX 75835</u>                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                             |                      |
| 8 CAMPAIGN TREASURER PHONE                                                               | AREA CODE PHONE NUMBER EXTENSION<br><u>(936) 222-6086</u>                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                             |                      |
| 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)<br><input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR) |                                                                                                                                                                                                             |                      |
| 10 PERIOD COVERED                                                                        | Month Day Year Month Day Year<br><u>7 / 16 / 24</u> THROUGH <u>10 / 7 / 24</u>                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                             |                      |
| 11 ELECTION                                                                              | ELECTION DATE ELECTION TYPE<br>Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><u>11 / 15 / 24</u> <input checked="" type="checkbox"/> General <input type="checkbox"/> Special                                                                                                                                                                        |                                                                                                                                                                                                             |                      |
| 12 OFFICE                                                                                | OFFICE HELD (if any)                                                                                                                                                                                                                                                                                                                                                                                                                 | 13 OFFICE SOUGHT (if known)<br><u>HO. CO. TAX ASSESSOR - COLLECTOR</u>                                                                                                                                      |                      |
| 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

ANGERSTEIN, James A.

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)                                                  | \$ 900.00  |
| EXPENDITURE TOTALS      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.                                                                                            | \$         |
|                         | 4. TOTAL POLITICAL EXPENDITURES                                                                                                       | \$ 1117.22 |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                                    | \$ 0.00    |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                                         | \$         |

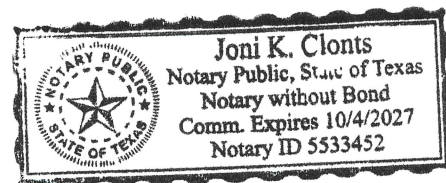
18 SIGNATURE

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.

*James Angerstein*  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by James Angerstein this the 7<sup>th</sup> day of Oct, 2024, to certify which, witness my hand and seal of office.

*Joni Clonts*  
Signature of officer administering oath

Joni Clonts  
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<br><i>ANGERSTEIN, JAMES A.</i> |                                                                                                             | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE    |                                                                                                             | SUBTOTAL<br>AMOUNT                     |
| 1.                                           | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$ <i>900.00</i>                       |
| 2.                                           | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$                                     |
| 3.                                           | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS                                                  | \$                                     |
| 4.                                           | <input type="checkbox"/> SCHEDULE E: LOANS                                                                  | \$                                     |
| 5.                                           | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS   | \$ <i>900.00</i>                       |
| 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>217.22</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 | \$                                     |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

|                                                                                        |                                                                                                                  |                                                           |
|----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| The Instruction Guide explains how to complete this form.                              |                                                                                                                  | 1 Total pages Schedule A1:                                |
| 2 FILER NAME<br><i>ANGERSTEIN, JAMES A.</i>                                            |                                                                                                                  | 3 Filer ID (Ethics Commission Filers)                     |
| 4 Date<br><i>8/05/24</i>                                                               | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>DIANE HAWS</i>           | 7 Amount of contribution (\$)<br><i>\$300.00</i>          |
| 6 Contributor address; City; State; Zip Code<br><i>169 CR 1710 GRAPELAND TX 75844</i>  |                                                                                                                  |                                                           |
| 8 Principal occupation / Job title (See Instructions)<br><i>RETIRED</i>                |                                                                                                                  | 9 Employer (See Instructions)                             |
| Date<br><i>9/10/24</i>                                                                 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>KENNETH MATHIS</i>         | Amount of contribution (\$)<br><i>\$500.00</i>            |
| Contributor address; City; State; Zip Code<br><i>40333 LAWARK LN. HOUSTON TX 77025</i> |                                                                                                                  |                                                           |
| Principal occupation / Job title (See Instructions)<br><i>TEACHER</i>                  |                                                                                                                  | Employer (See Instructions)<br><i>UNIVERSITY OF TEXAS</i> |
| Date<br><i>9/11/24</i>                                                                 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>REV. PHILIP A. TAPPERT</i> | Amount of contribution (\$)<br><i>\$100.00</i>            |
| Contributor address; City; State; Zip Code<br><i>15188 FM 2022N GRAPELAND TX 75844</i> |                                                                                                                  |                                                           |
| Principal occupation / Job title (See Instructions)<br><i>PASTOR</i>                   |                                                                                                                  | Employer (See Instructions)<br><i>MISSIONARY</i>          |
| Date                                                                                   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)                                  | Amount of contribution (\$)                               |
| Contributor address; City; State; Zip Code                                             |                                                                                                                  |                                                           |
| Principal occupation / Job title (See Instructions)                                    |                                                                                                                  | Employer (See Instructions)                               |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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



# 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<br><i>ANGERSTEN, James A.</i>                                                                                                                    |  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br><i>10/01/24</i>                                                                                                                                                        | 5 Payee name<br><i>Kivy</i>                                                                                                                                   |  |                                       |
| 6 Amount (\$) <i>\$217.22</i><br><input type="checkbox"/> Reimbursement from political contributions intended                                                                    | 7 Payee address; City; State; Zip Code<br><i>102 S. 5th STR. CROCKETT TX 75835</i>                                                                            |  |                                       |
| 8 PURPOSE OF EXPENDITURE                                                                                                                                                         | (a) Category (See Categories listed at the top of this schedule)<br><i>AD EXPENSE</i>                                                                         |  | (b) Description<br><i>RADIO</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<br>Candidate / Officeholder name Office sought Office held<br><i>ANGERSTEN, James A HOCO TAX ASSESSOR COLLECTOR</i> |                                                                                                                                                               |  |                                       |
| Date                                                                                                                                                                             | Payee name                                                                                                                                                    |  |                                       |
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended                                                                                         | Payee address; City; State; Zip Code                                                                                                                          |  |                                       |
| PURPOSE OF EXPENDITURE                                                                                                                                                           | Category (See Categories listed at the top of this schedule)                                                                                                  |  | Description                           |
|                                                                                                                                                                                  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense     |  |                                       |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name Office sought Office held                                                            |                                                                                                                                                               |  |                                       |
| Date                                                                                                                                                                             | Payee name                                                                                                                                                    |  |                                       |
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended                                                                                         | Payee address; City; State; Zip Code                                                                                                                          |  |                                       |
| PURPOSE OF EXPENDITURE                                                                                                                                                           | Category (See Categories listed at the top of this schedule)                                                                                                  |  | Description                           |
|                                                                                                                                                                                  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense     |  |                                       |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name Office sought Office held                                                            |                                                                                                                                                               |  |                                       |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
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 F1:                                   |                                                                                                | 2 FILER NAME<br><b>ANGERSTEIN JAMES A.</b>                                                                           |                                                                           | 3 Filer ID (Ethics Commission Filers) |  |
| 4 Date<br><b>8/07/24</b>                                     |                                                                                                | 5 Payee name<br><b>PACKETZ</b>                                                                                       |                                                                           |                                       |  |
| 6 Amount (\$)<br><b>\$324.74</b>                             |                                                                                                | 7 Payee address; City; State; Zip Code<br><b>21602 E. HARDY RD. HOUSTON TX 77073</b>                                 |                                                                           |                                       |  |
| 8<br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                   | (a) Category (See Categories listed at the top of this schedule)<br><b>ADVERTISING EXPENSE</b> |                                                                                                                      | (b) Description<br><b>YARD SIGNS</b>                                      |                                       |  |
|                                                              | (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 Office sought Office held<br><b>ANGERSTEIN JAMES A. HO. CO. TAX ASSESSOR COLLECTOR</b> |                                                                           |                                       |  |
| Date<br><b>8/19/24</b>                                       |                                                                                                | Payee name<br><b>VISTA PRINT</b>                                                                                     |                                                                           |                                       |  |
| Amount (\$)<br><b>59.98</b>                                  |                                                                                                | Payee address; City; State; Zip Code<br><b>95 HAYDEN AVE. LEXINGTON MA. 02421</b>                                    |                                                                           |                                       |  |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Category (See Categories listed at the top of this schedule)<br><b>ADVERTISING EXPENSE</b>     |                                                                                                                      | Description<br><b>CARDS</b>                                               |                                       |  |
|                                                              | <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<br><b>ANGERSTEIN JAMES A. HO. CO. TAX ASSESSOR COLLECTOR</b> |                                                                           |                                       |  |
| Date<br><b>8/30/24</b>                                       |                                                                                                | Payee name<br><b>THE MESSENGER</b>                                                                                   |                                                                           |                                       |  |
| Amount (\$)<br><b>\$120.00</b>                               |                                                                                                | Payee address; City; State; Zip Code<br><b>P.O. BOX 99 GRAPELAND TX 75844</b>                                        |                                                                           |                                       |  |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Category (See Categories listed at the top of this schedule)<br><b>AD EXPENSE</b>              |                                                                                                                      | Description<br><b>PAPER AD</b>                                            |                                       |  |
|                                                              | <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<br><b>ANGERSTEIN JAMES A. HO. CO. TAX ASSESSOR COLLECTOR</b> |                                                                           |                                       |  |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
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 F1:                                                                                        |                                                                                       | 2 FILER NAME<br><i>ANGERSTEN, James A.</i>                                      |                                                                           | 3 Filer ID (Ethics Commission Filers) |  |
| 4 Date                                                                                                            |                                                                                       | 5 Payee name<br><i>KIUV</i>                                                     |                                                                           |                                       |  |
| 6 Amount (\$)<br><i>\$1395.08</i>                                                                                 |                                                                                       | 7 Payee address; City; State; Zip Code<br><i>102 S 5th St CROCKETT TX 75835</i> |                                                                           |                                       |  |
| 8<br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                                                        | (a) Category (See Categories listed at the top of this schedule)<br><i>AD EXPENSE</i> |                                                                                 | (b) Description<br><i>RADIO</i>                                           |                                       |  |
|                                                                                                                   | <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 Office sought Office held<br><i>ANGERSTEN, James A. HOCO TAX ASSESSOR COLLECTOR</i> |                                                                                       |                                                                                 |                                                                           |                                       |  |
| Date                                                                                                              |                                                                                       | Payee name                                                                      |                                                                           |                                       |  |
| Amount (\$)                                                                                                       |                                                                                       | Payee address; City; State; Zip Code                                            |                                                                           |                                       |  |
| PURPOSE<br>OF<br>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 <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<br>OF<br>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 <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:

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

☐ Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

7 CAMPAIGN  
TREASURER  
ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

9 REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign  
treasurer appointment  
(Officeholder Only)

☒ July 15

☐ 8th day before election

☐ Exceeded Modified  
Reporting Limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

Month

Day

Year

11 ELECTION

ELECTION DATE

Month

Day

Year

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other  
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

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

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

OFFICE USE ONLY

Date Received

Houston County Elections

JUL 16 2024

RECEIVED

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

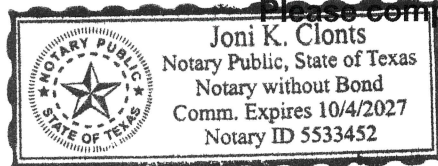
**FORM C/OH  
COVER SHEET PG 2**

|                                                   |                                                                                                                                       |                                               |
|---------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>15 C/OH NAME</b><br><u>JAMES A. ANGERSTEIN</u> |                                                                                                                                       | <b>16 Filer ID</b> (Ethics Commission Filers) |
| <b>17 CONTRIBUTION TOTALS</b>                     | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ <u>0</u>                                   |
|                                                   | 2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                           | \$ <u>0</u>                                   |
| <b>EXPENDITURE TOTALS</b>                         | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.                                                                                            | \$ <u>0</u>                                   |
|                                                   | 4. <b>TOTAL POLITICAL EXPENDITURES</b>                                                                                                | \$ <u>470.00</u>                              |
| <b>CONTRIBUTION BALANCE</b>                       | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                                    | \$ <u>0</u>                                   |
| <b>OUTSTANDING LOAN TOTALS</b>                    | 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.

*James Angerstein*  
Signature of Candidate or Officeholder

**Please complete either option below:**



**(1) Affidavit**

NOTARY STAMP/SEAL

Sworn to and subscribed before me by James Angerstein this the 16<sup>th</sup> day of July, 2024, 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 \_\_\_\_\_, 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<br><b>JAMES A. ANGERSTEIN</b> |                                                                                                             | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE   |                                                                                                             | SUBTOTAL<br>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             | \$ 470.00                              |
| 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<br><b>JAMES A. ANGERSTEIN</b>                                                                                                                    | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br><b>7-01-24</b>                                                                                       | 5 Payee name<br><b>THE MESSENGER</b>                                                                                                                          |                                       |
| 6 Amount (\$)<br><b>470.00</b><br><input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code<br><b>P.O. Box 99 GRAPELAND TX 75844</b>                                                                               |                                       |
| 8 PURPOSE OF EXPENDITURE                                                                                       | (a) Category (See Categories listed at the top of this schedule)<br><b>ADVERTISING EXPENSE</b>                                                                | (b) Description<br><b>PAPER ADS</b>   |
|                                                                                                                | (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 Office sought Office held<br><b>JAMES A. ANGERSTEIN HO. CO TAX ASSESSOR, COLLECTOR</b>                                          |                                       |
| Date                                                                                                           | Payee name                                                                                                                                                    |                                       |
| Amount (\$)<br><input type="checkbox"/> Reimbursement from political contributions intended                    | Payee address; City; State; Zip Code                                                                                                                          |                                       |
| PURPOSE OF EXPENDITURE                                                                                         | Category (See Categories listed at the top of this schedule)                                                                                                  | Description                           |
|                                                                                                                | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule 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                                                                                                                                                    |                                       |
| Amount (\$)<br><input type="checkbox"/> Reimbursement from political contributions intended                    | Payee address; City; State; Zip Code                                                                                                                          |                                       |
| PURPOSE OF EXPENDITURE                                                                                         | Category (See Categories listed at the top of this schedule)                                                                                                  | Description                           |
|                                                                                                                | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule 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: |                                                                                                                                     |
| 3 CANDIDATE / OFFICEHOLDER NAME                                | MS / MRS <input checked="" type="radio"/> MR <input type="radio"/> FIRST <u>JAMES</u> MI <u>A.</u><br>NICKNAME _____ LAST <u>ANGERSTEIN</u> SUFFIX _____                                                                                                                                                                                                                                                                                            |                                       |  |                      | <b>OFFICE USE ONLY</b><br><br>Date Received<br><br><b>Houston County Elections</b><br><br><b>FEB 26 2024</b><br><br><b>RECEIVED</b> |
|                                                                | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br><u>242 CR 1605 CROCKETT, TX 75835</u>                                                                                                                                                                                                                                                                                                                                                     |                                       |  |                      |                                                                                                                                     |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS                     | <input type="checkbox"/> Change of Address                                                                                                                                                                                                                                                                                                                                                                                                          |                                       |  |                      | Date Hand-delivered or Date Postmarked<br><br>Receipt # _____ Amount \$ _____<br>Date Processed _____<br>Date Imaged _____          |
| 5 CANDIDATE / OFFICEHOLDER PHONE                               | AREA CODE PHONE NUMBER EXTENSION<br><u>(936) 222-1401</u>                                                                                                                                                                                                                                                                                                                                                                                           |                                       |  |                      |                                                                                                                                     |
| 6 CAMPAIGN TREASURER NAME                                      | MS / MRS <input checked="" type="radio"/> MR <input type="radio"/> FIRST <u>CAREY</u> MI <u>A.</u><br>NICKNAME _____ LAST <u>ANGERSTEIN</u> SUFFIX _____                                                                                                                                                                                                                                                                                            |                                       |  |                      | Date Hand-delivered or Date Postmarked<br><br>Receipt # _____ Amount \$ _____<br>Date Processed _____<br>Date Imaged _____          |
|                                                                | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br><u>242 CR 1605 CROCKETT TX 75835</u>                                                                                                                                                                                                                                                                                                                                     |                                       |  |                      |                                                                                                                                     |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business)           | AREA CODE PHONE NUMBER EXTENSION<br><u>(936) 222-6086</u>                                                                                                                                                                                                                                                                                                                                                                                           |                                       |  |                      |                                                                                                                                     |
| 8 CAMPAIGN TREASURER PHONE                                     | REPORT TYPE<br><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)<br><input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR) |                                       |  |                      |                                                                                                                                     |
| 9 PERIOD COVERED                                               | Month Day Year    THROUGH    Month Day Year<br><u>02 / 02 / 24</u> THROUGH <u>02 / 26 / 24</u>                                                                                                                                                                                                                                                                                                                                                      |                                       |  |                      |                                                                                                                                     |
| 10 ELECTION                                                    | ELECTION DATE    ELECTION TYPE<br>Month Day Year <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><u>3 / 5 / 24</u> <input type="checkbox"/> General <input type="checkbox"/> Special                                                                                                                                                                                      |                                       |  |                      |                                                                                                                                     |
| 11 OFFICE                                                      | OFFICE HELD (if any)    OFFICE SOUGHT (if known)<br><u>Houston Co. Tax Assessor Collector</u>                                                                                                                                                                                                                                                                                                                                                       |                                       |  |                      |                                                                                                                                     |
| 12 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                                                                                                                                                                                                                                                                                                                                                                                                                    | COMMITTEE ADDRESS                     |  |                      |                                                                                                                                     |
|                                                                | <input type="checkbox"/> SPECIFIC                                                                                                                                                                                                                                                                                                                                                                                                                   | COMMITTEE CAMPAIGN TREASURER NAME     |  |                      |                                                                                                                                     |
|                                                                | COMMITTEE CAMPAIGN TREASURER ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |  |                      |                                                                                                                                     |
| <b>GO TO PAGE 2</b>                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                       |  |                      |                                                                                                                                     |

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

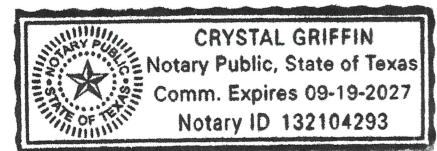
|                                            |                                                                                                                                       |                                        |
|--------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| 15 C/OH NAME<br><u>James A. Angerstein</u> |                                                                                                                                       | 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>0</u>                            |
| CONTRIBUTION BALANCE                       | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                                    | \$ <u>0</u>                            |
| OUTSTANDING LOAN TOTALS                    | 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]  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by James Angerstein this the 26th day of February, 2024, to certify which, witness my hand and seal of office.

[Signature] Crystal Griffin 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)

# 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 <u>MR</u> FIRST <u>JAMES</u> MI <u>A</u><br>NICKNAME LAST SUFFIX<br><u>ANGERSTEIN</u>                                                                                                                                                                                                                                                                                                                                  | <b>OFFICE USE ONLY</b><br><br>Date Received<br><br><b>Houston County Elections</b><br><br><b>FEB 02 2024</b><br><br><b>RECEIVED</b><br><br>Date Hand-delivered or Date Postmarked<br><br>Receipt # Amount \$<br><br>Date Processed<br><br>Date Imaged |                      |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br><u>2412 CR 1605</u><br><u>CROCKETT TX 75835</u>                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                       |                      |
| 5 CANDIDATE / OFFICEHOLDER PHONE                                                             | AREA CODE PHONE NUMBER EXTENSION<br><u>(936) 222 1401</u>                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                       |                      |
| 6 CAMPAIGN TREASURER NAME                                                                    | MS / MRS / MR FIRST MI<br><u>CARBY</u><br>NICKNAME LAST SUFFIX<br><u>ANGERSTEIN</u>                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                       |                      |
| 7 CAMPAIGN TREASURER ADDRESS<br><br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br><u>2412 CR 1605 CROCKETT TX 75835</u>                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                       |                      |
| 8 CAMPAIGN TREASURER PHONE                                                                   | AREA CODE PHONE NUMBER EXTENSION<br><u>(936) 222-6258</u>                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                       |                      |
| 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)<br><input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR) |                                                                                                                                                                                                                                                       |                      |
| 10 PERIOD COVERED                                                                            | Month Day Year    Month Day Year<br><u>01 / 16 / 24</u> THROUGH <u>02 / 02 / 24</u>                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                       |                      |
| 11 ELECTION                                                                                  | ELECTION DATE    ELECTION TYPE<br>Month Day Year <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><u>3 / 5 / 24</u> <input type="checkbox"/> General <input type="checkbox"/> Special                                                                                                                                                                       |                                                                                                                                                                                                                                                       |                      |
| 12 OFFICE                                                                                    | OFFICE HELD (if any)                                                                                                                                                                                                                                                                                                                                                                                                                 | 13 OFFICE SOUGHT (if known)                                                                                                                                                                                                                           |                      |
| 14 NOTICE FROM POLITICAL COMMITTEE(S)<br><br><input type="checkbox"/> 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<br><br><input type="checkbox"/> GENERAL<br><input type="checkbox"/> SPECIFIC                                                                                                                                                                                                                                                                                                                                          | COMMITTEE NAME<br><br>COMMITTEE ADDRESS<br><br>COMMITTEE CAMPAIGN TREASURER NAME<br><br>COMMITTEE CAMPAIGN TREASURER ADDRESS                                                                                                                          |                      |

GO TO PAGE 2

# 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<br><b>JAMES ANDREW AUGERSEN</b>                                                                                                                  | 3 Filer ID (Ethics Commission Filers)                         |
| 4 Date<br><b>1/30/24</b>                                                                                      | 5 Payee name<br><b>MESSENGER</b>                                                                                                                              |                                                               |
| 6 Amount (\$)<br><b>\$315</b><br><input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code<br><b>PO BOX 99 GRAPELAND TX 75844</b>                                                                                 |                                                               |
| 8 PURPOSE OF EXPENDITURE                                                                                      | (a) Category (See Categories listed at the top of this schedule)<br><b>ADVERTISING</b>                                                                        | (b) Description<br><b>LOVEBEST SALUTE TO FIRST RESPONDERS</b> |
|                                                                                                               | (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 Office sought Office held                                                       |                                                                                                                                                               |                                                               |
| Date<br><b>1/30/24</b>                                                                                        | Payee name<br><b>KINNY</b>                                                                                                                                    |                                                               |
| Amount (\$)<br><b>\$509</b><br><input type="checkbox"/> Reimbursement from political contributions intended   | Payee address; City; State; Zip Code<br><b>102 S. 5th STR. CROCKETT TX 75835</b>                                                                              |                                                               |
| PURPOSE OF EXPENDITURE                                                                                        | Category (See Categories listed at the top of this schedule)<br><b>ADVERTISING</b>                                                                            | Description<br><b>POLITICAL CALENDAR LOVEBEST</b>             |
|                                                                                                               | <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/OH                                                    |                                                                                                                                                               |                                                               |
| Date                                                                                                          | Payee name                                                                                                                                                    |                                                               |
| Amount (\$)                                                                                                   | Payee address; City; State; Zip Code                                                                                                                          |                                                               |
| <input type="checkbox"/> Reimbursement from political contributions intended                                  |                                                                                                                                                               |                                                               |
| 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     |                                                               |
| Candidate / Officeholder name Office sought Office held                                                       |                                                                                                                                                               |                                                               |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                                    |                                                                                                                                                               |                                                               |

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" ••

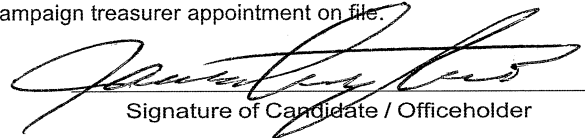
1 C/OH NAME

JAMES ANDREW ANBERSTEN

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

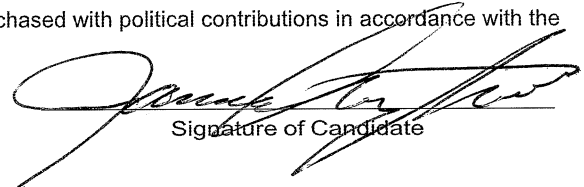
Check only one:



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.                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>1</b> Filer ID (Ethics Commission Filers) | <b>2</b> Total pages filed:                                                                                                                                                                                                                                                                                                                                                        |                                           |                |                |                                  |                   |                                   |                                   |  |                                      |
| <b>3</b> CANDIDATE / OFFICEHOLDER NAME                                                                                                                                                                                         | MS / MRS / MR FIRST MI<br><div style="text-align: center; font-size: 1.5em;">James</div> <hr/> NICKNAME LAST SUFFIX<br><div style="text-align: center; font-size: 1.5em;">Angerstein</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                              | <b>OFFICE USE ONLY</b><br><br>Date Received<br>Houston County Elections<br><br><div style="font-size: 1.5em; font-weight: bold;">JAN 17 2024</div><br>RECEIVED<br><br>Date Hand-delivered or Date Postmarked<br><br><div style="display: flex; justify-content: space-between;"> <div>Receipt #</div> <div>Amount \$</div> </div> <div>Date Processed</div> <div>Date Imaged</div> |                                           |                |                |                                  |                   |                                   |                                   |  |                                      |
|                                                                                                                                                                                                                                | <b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br><div style="font-size: 1.5em;">242 CR 1605 Crockett TX 75831</div> <input type="checkbox"/> Change of Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                              |                                                                                                                                                                                                                                                                                                                                                                                    |                                           |                |                |                                  |                   |                                   |                                   |  |                                      |
| <b>5</b> CANDIDATE / OFFICEHOLDER PHONE<br>AREA CODE PHONE NUMBER EXTENSION<br><div style="font-size: 1.5em;">(936) 222-1401</div>                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                              |                                                                                                                                                                                                                                                                                                                                                                                    |                                           |                |                |                                  |                   |                                   |                                   |  |                                      |
| <b>6</b> CAMPAIGN TREASURER NAME<br>MS / MRS / MR FIRST MI<br><div style="text-align: center; font-size: 1.5em;">Carey</div> <hr/> NICKNAME LAST SUFFIX<br><div style="text-align: center; font-size: 1.5em;">Angerstein</div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                              |                                                                                                                                                                                                                                                                                                                                                                                    |                                           |                |                |                                  |                   |                                   |                                   |  |                                      |
| <b>7</b> CAMPAIGN TREASURER ADDRESS<br>(Residence or Business)                                                                                                                                                                 | STREET ADDRESS (NO PO BOX, PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br><div style="font-size: 1.5em;">242 CR 1605 Crockett TX 75831</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                              |                                                                                                                                                                                                                                                                                                                                                                                    |                                           |                |                |                                  |                   |                                   |                                   |  |                                      |
| <b>8</b> CAMPAIGN TREASURER PHONE                                                                                                                                                                                              | AREA CODE PHONE NUMBER EXTENSION<br><div style="font-size: 1.5em;">(936) 222-6258</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                              |                                                                                                                                                                                                                                                                                                                                                                                    |                                           |                |                |                                  |                   |                                   |                                   |  |                                      |
| <b>9</b> REPORT TYPE                                                                                                                                                                                                           | <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input checked="" type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>                                                                                                                                                                               |                                              |                                                                                                                                                                                                                                                                                                                                                                                    |                                           |                |                |                                  |                   |                                   |                                   |  |                                      |
| <b>10</b> PERIOD COVERED                                                                                                                                                                                                       | Month Day Year Month Day Year<br><div style="font-size: 1.5em;">12 / 05 / 23 THROUGH 1 / 15 / 2024</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                              |                                                                                                                                                                                                                                                                                                                                                                                    |                                           |                |                |                                  |                   |                                   |                                   |  |                                      |
| <b>11</b> ELECTION                                                                                                                                                                                                             | <div style="display: flex;"> <div style="flex: 1;">           ELECTION DATE<br/>           Month Day Year<br/> <div style="font-size: 1.5em;">3 / 5 / 24</div> </div> <div style="flex: 1;">           ELECTION TYPE<br/> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br/> <input type="checkbox"/> General <input type="checkbox"/> Special         </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |                                                                                                                                                                                                                                                                                                                                                                                    |                                           |                |                |                                  |                   |                                   |                                   |  |                                      |
| <b>12</b> OFFICE                                                                                                                                                                                                               | OFFICE HELD (if any)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                              | <b>13</b> OFFICE SOUGHT (if known)                                                                                                                                                                                                                                                                                                                                                 |                                           |                |                |                                  |                   |                                   |                                   |  |                                      |
| <b>14</b> NOTICE FROM POLITICAL COMMITTEE(S)                                                                                                                                                                                   | <p>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.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="4" style="width:15%; vertical-align: top;"> <input type="checkbox"/> Additional Pages         </td> <td style="width:15%;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> |                                              |                                                                                                                                                                                                                                                                                                                                                                                    | <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 |
| <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

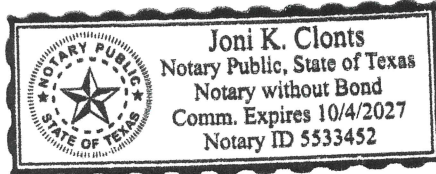
|                                         |                                                                                                                                       |                                        |
|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| 15 C/OH NAME<br><u>James Angerstein</u> |                                                                                                                                       | 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>750<sup>00</sup></u>             |
|                                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                                  | \$ <u>830.88</u>                       |
| EXPENDITURE TOTALS                      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.                                                                                            | \$                                     |
|                                         | 4. TOTAL POLITICAL EXPENDITURES                                                                                                       | \$ <u>830.88</u>                       |
| CONTRIBUTION BALANCE                    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                                    | \$ <u>0</u>                            |
| OUTSTANDING LOAN TOTALS                 | 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.

*James Angerstein*  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



*Jr*

NOTARY STAMP / SEAL

Sworn to and subscribed before me by James Angerstein this the 15<sup>th</sup> day of January, 2024, to certify which, witness my hand and seal of office.

*Jr*  
Signature of officer administering oath

Joni K. Clonts  
Printed name of officer administering oath

Notary Public  
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

James Angerstein

20 Filer ID (Ethics Commission Filers)

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 checked="" type="checkbox"/> | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$ 352 <sup>00</sup> |
| 6.  | <input type="checkbox"/>            | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                           | \$                   |
| 7.  | <input type="checkbox"/>            | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$                   |
| 8.  | <input checked="" type="checkbox"/> | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$ 480.88            |
| 9.  | <input checked="" type="checkbox"/> | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$ 480.88            |
| 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 POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
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 F1: | 2 FILER NAME<br><i>James Angerstein</i> | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|-----------------------------------------|---------------------------------------|

|                          |                                  |
|--------------------------|----------------------------------|
| 4 Date<br><i>12/7/23</i> | 5 Payee name<br><i>Messenger</i> |
|--------------------------|----------------------------------|

|                               |                                      |                           |                     |                          |
|-------------------------------|--------------------------------------|---------------------------|---------------------|--------------------------|
| 6 Amount (\$)<br><i>\$350</i> | 7 Payee address;<br><i>PO Box 99</i> | City;<br><i>Grapeland</i> | State;<br><i>TX</i> | Zip Code<br><i>75844</i> |
|-------------------------------|--------------------------------------|---------------------------|---------------------|--------------------------|

|                                            |                                                                                                                                                               |                                                                               |
|--------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| 8<br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b> | (a) Category (See Categories listed at the top of this schedule)<br><i>Advertising</i>                                                                        | (b) Description<br><i>Political<br/>Announcement / Political<br/>Calendar</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 | Office sought | Office held |
|--------------------------------------------------------------|-------------------------------|---------------|-------------|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|             |                |       |        |          |
|-------------|----------------|-------|--------|----------|
| Amount (\$) | Payee address; | City; | State; | Zip Code |
|-------------|----------------|-------|--------|----------|

|                                       |                                                                                                                                                           |             |
|---------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b> | 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 <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 |
|-------------|----------------|-------|--------|----------|

|                                       |                                                                                                                                                           |             |
|---------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b> | 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 <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 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" --

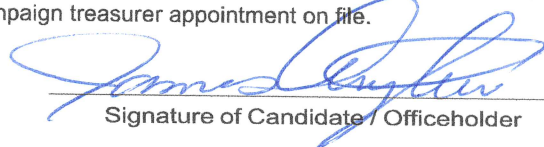
1 C/OH NAME

JAMES ANDREW ANGERSTEIN

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

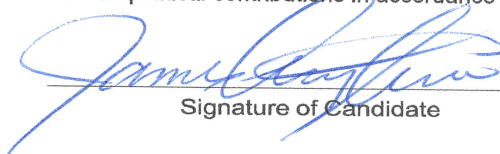
Check only one:

☒

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

# 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.

|                                                                                                                         |                                                                                             |                                                                                                                  |                                                                           |                                              |  |
|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|----------------------------------------------|--|
| <b>1</b> Total pages Schedule G:                                                                                        |                                                                                             | <b>2</b> FILER NAME<br><i>James Angerstein</i>                                                                   |                                                                           | <b>3</b> Filer ID (Ethics Commission Filers) |  |
| <b>4</b> Date<br><i>11/10/24</i>                                                                                        |                                                                                             | <b>5</b> Payee name<br><i>GOP Store -</i>                                                                        |                                                                           |                                              |  |
| <b>6</b> Amount (\$)<br><i>\$480.88</i><br><input type="checkbox"/> Reimbursement from political contributions intended |                                                                                             | <b>7</b> Payee address;<br><i>404 I -45 South</i> City; <i>Duntsville</i> State; <i>TX</i> Zip Code <i>77340</i> |                                                                           |                                              |  |
| <b>8</b><br>PURPOSE<br>OF<br>EXPENDITURE                                                                                | (a) Category (See Categories listed at the top of this schedule)<br><i>Printing Expense</i> |                                                                                                                  | (b) Description<br><i>Signs</i>                                           |                                              |  |
|                                                                                                                         | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.         |                                                                                                                  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                              |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                                     |                                                                                             |                                                                                                                  |                                                                           |                                              |  |
| Candidate / Officeholder name <i>James Angerstein</i> Office sought <i>Houston County Tx. Assessor</i> Office held      |                                                                                             |                                                                                                                  |                                                                           |                                              |  |
| Date                                                                                                                    |                                                                                             | Payee name                                                                                                       |                                                                           |                                              |  |
| Amount (\$)<br><input type="checkbox"/> Reimbursement from political contributions intended                             |                                                                                             | Payee address; City; State; Zip Code                                                                             |                                                                           |                                              |  |
| PURPOSE<br>OF<br>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 <u>ONLY</u> if direct expenditure to benefit C/OH                                                              |                                                                                             |                                                                                                                  |                                                                           |                                              |  |
| Candidate / Officeholder name Office sought Office held                                                                 |                                                                                             |                                                                                                                  |                                                                           |                                              |  |
| Date                                                                                                                    |                                                                                             | Payee name                                                                                                       |                                                                           |                                              |  |
| Amount (\$)<br><input type="checkbox"/> Reimbursement from political contributions intended                             |                                                                                             | Payee address; City; State; Zip Code                                                                             |                                                                           |                                              |  |
| PURPOSE<br>OF<br>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 <u>ONLY</u> if direct expenditure to benefit C/OH                                                              |                                                                                             |                                                                                                                  |                                                                           |                                              |  |
| Candidate / Officeholder name Office sought Office held                                                                 |                                                                                             |                                                                                                                  |                                                                           |                                              |  |
| Date                                                                                                                    |                                                                                             | Payee name                                                                                                       |                                                                           |                                              |  |
| Amount (\$)<br><input type="checkbox"/> Reimbursement from political contributions intended                             |                                                                                             | Payee address; City; State; Zip Code                                                                             |                                                                           |                                              |  |
| PURPOSE<br>OF<br>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 <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



# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

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 F4:                                    | 2 FILER NAME<br><i>James Angerstein</i>                                                                                                                       | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD   | \$                                                                                                                                                            |                                       |
| 5 Date<br><i>1/10/24</i>                                      | 6 Payee name<br><i>GOP Store</i>                                                                                                                              |                                       |
| 7 Amount (\$)                                                 | 8 Payee address;<br><i>404 I-45 South</i> City; <i>Huntville</i> State; <i>TX</i> Zip Code <i>77340</i>                                                       |                                       |
| 9 TYPE OF EXPENDITURE                                         | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political                                                                          |                                       |
| 10 PURPOSE OF EXPENDITURE                                     | (a) Category (See Categories listed at the top of this schedule)<br><i>Political Signs</i>                                                                    | (b) Description<br><i>Signs</i>       |
|                                                               | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought<br>Office held          |
| Date                                                          | Payee name                                                                                                                                                    |                                       |
| Amount (\$)                                                   | Payee address; City; State; Zip Code                                                                                                                          |                                       |
| TYPE OF EXPENDITURE                                           | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political                                                                                     |                                       |
| 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 <u>ONLY</u> if direct expenditure to benefit C/OH    | Candidate / Officeholder name                                                                                                                                 | Office sought<br>Office held          |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED           |                                                                                                                                                               |                                       |

# APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA

PG 1

See CTA Instruction Guide for detailed instructions.

1 Total pages filed:

2 CANDIDATE  
NAME

MS / MRS / MR

FIRST

MI

JAMES

A

NICKNAME

LAST

SUFFIX

ANGERSTEIN

OFFICE USE ONLY

Filer ID #

Date Received Houston County Elections

DEC 06 2023

RECEIVED

3 CANDIDATE  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

242 COUNTY RD. 1605 CROCKETT TX 75835

Date Hand-delivered or Postmarked

4 CANDIDATE  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(936) 222-1401

Receipt #

Amount \$

Date Processed

5 OFFICE  
HELD  
(if any)

Date Imaged

6 OFFICE  
SOUGHT  
(if known)

HOUSTON COUNTY TAX ASSESSOR-COLLECTOR

7 CAMPAIGN  
TREASURER  
NAME

MS/MRS/MR

FIRST

MI

NICKNAME

LAST

SUFFIX

CAREY

A.

ANGERSTEIN

8 CAMPAIGN  
TREASURER  
STREET  
ADDRESS

(residence or business)

STREET ADDRESS;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

242 COUNTY RD. 1605 CROCKETT TX 75835

9 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

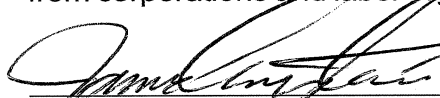
(936) 222-6258

10 CANDIDATE  
SIGNATURE

I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.

I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.

I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.

  
Signature of Candidate

12-6-2023  
Date Signed

GO TO PAGE 2

**CANDIDATE MODIFIED  
REPORTING DECLARATION**

**FORM CTA**  
**PG 2**

11 CANDIDATE  
NAME

*JAMES A. ANGERSTEIN*

12 MODIFIED  
REPORTING  
DECLARATION

**COMPLETE THIS SECTION ONLY IF YOU ARE  
CHOOSING MODIFIED REPORTING**

**•• This declaration must be filed no later than the 30th day before  
the first election to which the declaration applies. ••**

**•• 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.)

**•• Candidates for the office of state chair of a political party  
may NOT choose modified reporting. ••**

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.

*2024*

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

*James A. Angerstein*  
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](mailto: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>



# CODE OF FAIR CAMPAIGN PRACTICES

## FORM CFCP COVER SHEET

Pursuant to chapter 258 of the Election Code, every candidate and political committee is encouraged to subscribe to the Code of Fair Campaign Practices. The Code may be filed with the proper filing authority upon submission of a campaign treasurer appointment form. Candidates or political committees that already have a current campaign treasurer appointment on file as of September 1, 1997, may subscribe to the code at any time.

*Subscription to the Code of Fair Campaign Practices is voluntary.*

### OFFICE USE ONLY

Date Received

Houston County Elections

**DEC 06 2023**

RECEIVED

Date Hand-delivered or Postmarked

Date Processed

Date Imaged

**1 ACCOUNT NUMBER**  
(Ethics Commission Filers)

**2 TYPE OF FILER**

CANDIDATE ☒

POLITICAL COMMITTEE ☐

*If filing as a candidate, complete boxes 3 - 6,  
then read and sign page 2.*

*If filing for a political committee, complete  
boxes 7 and 8, then read and sign page 2.*

**3 NAME OF CANDIDATE**  
(PLEASE TYPE OR PRINT)

TITLE (Dr., Mr., Ms., etc.)

FIRST

MI

JAMES

A.

NICKNAME

LAST

SUFFIX (SR., JR., III, etc.)

ANGERSTEIN

**4 TELEPHONE NUMBER  
OF CANDIDATE**  
(PLEASE TYPE OR PRINT)

AREA CODE

PHONE NUMBER

EXTENSION

(936) 222-1401

**5 ADDRESS OF CANDIDATE**  
(PLEASE TYPE OR PRINT)

STREET / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

242 COUNTY RD. 1605 CROCKETT TX 75835

**6 OFFICE SOUGHT  
BY CANDIDATE**  
(PLEASE TYPE OR PRINT)

HOUSTON COUNTY TAX ASSESSOR - COLLECTOR

**7 NAME OF COMMITTEE**  
(PLEASE TYPE OR PRINT)

**8 NAME OF CAMPAIGN  
TREASURER**  
(PLEASE TYPE OR PRINT)

TITLE (Dr., Mr., Ms., etc.)

FIRST

MI

NICKNAME

LAST

SUFFIX (SR., JR., III, etc.)

**GO TO PAGE 2**

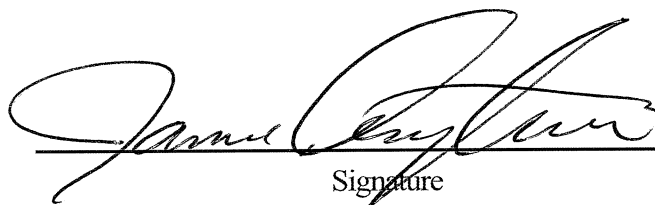
## CODE OF FAIR CAMPAIGN PRACTICES

There are basic principles of decency, honesty, and fair play that every candidate and political committee in this state has a moral obligation to observe and uphold, in order that, after vigorously contested but fairly conducted campaigns, our citizens may exercise their constitutional rights to a free and untrammelled choice and the will of the people may be fully and clearly expressed on the issues.

THEREFORE:

- (1) I will conduct the campaign openly and publicly and limit attacks on my opponent to legitimate challenges to my opponent's record and stated positions on issues.
- (2) I will not use or permit the use of character defamation, whispering campaigns, libel, slander, or scurrilous attacks on any candidate or the candidate's personal or family life.
- (3) I will not use or permit any appeal to negative prejudice based on race, sex, religion, or national origin.
- (4) I will not use campaign material of any sort that misrepresents, distorts, or otherwise falsifies the facts, nor will I use malicious or unfounded accusations that aim at creating or exploiting doubts, without justification, as to the personal integrity or patriotism of my opponent.
- (5) I will not undertake or condone any dishonest or unethical practice that tends to corrupt or undermine our system of free elections or that hampers or prevents the full and free expression of the will of the voters, including any activity aimed at intimidating voters or discouraging them from voting.
- (6) I will defend and uphold the right of every qualified voter to full and equal participation in the electoral process, and will not engage in any activity aimed at intimidating voters or discouraging them from voting.
- (7) I will immediately and publicly repudiate methods and tactics that may come from others that I have pledged not to use or condone. I shall take firm action against any subordinate who violates any provision of this code or the laws governing elections.

I, the undersigned, candidate for election to public office in the State of Texas or campaign treasurer of a political committee, hereby voluntarily endorse, subscribe to, and solemnly pledge myself to conduct the campaign in accordance with the above principles and practices.

  
Signature

12-6-2023  
Date