#### CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 2 Total pages filed: 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE/ OFFICE USE ONLY **OFFICEHOLDER** NAME ILED FOR RECOR NICKNAME T1:34 o'clock mor 4 CANDIDATE / ADDRESS / PO BOX: JAN 1 2 2024 **OFFICEHOLDER** MAILING P.O. Box 713, Hallettsville Tx 77964 ADDRESS Tenia Hudson Change of Address PHONE NUMBER CANDIDATE/ AREA CODE EXTENSION **OFFICEHOLDER** 798-0033 PHONE 6 CAMPAIGN MS / MRS / MR FIRST TREASURER Date Processed NAME Date Imaged armon STATE: CAMPAIGN TREASURER P.O. Box 713, Hallettsville ADDRESS (Residence or Business) PHONE NUMBER AREA CODE 8 CAMPAIGN EXTENSION TREASURER 798-0033 PHONE (361) 9 REPORT TYPE 30th day before election 15th day after campaign January 15 Runoff treasurer appointment (Officeholder Only). July 15 8th day before election Exceeded Modified Final Report (Allach C/OH - FR) Reporting Limit 10 PERIOD Month Day Year COVERED 12 2023 മാമാ THROUGH 11 ELECTION ELECTION DATE ELECTION TYPE Primary Day 03 /05 2024 13 OFFICE SOUGHT (If known) 12 OFFICE Sheriff Sheri 14 NOTICE FROM 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. CANDIDATE'S AND OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATE'S AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages 5PECIFIC COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS

### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME	Clay Harmon	Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$3,150.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8590.00
EXPENDITURE TOTALS	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 8,406.79
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D     OF REPORTING PERIOD	
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	
	wear, or affirm, under penalty of perjury, that the accompanying report is true ar	nd obrrect and includes all information
rei	quired to be reported by me under Title 15, Election Code.	
		)
	Signature of Candid	date or Officeholder
	Please complete either enties below	
	Please complete either option below:	
(1) Affidavit		
NOTARY STAMP/SEA		
Swom to and subscribed	before me by this the	day of
	which, wilness my hand and seal of office:	day or
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declarati	on ,	
My name is MICA My address is 90	BOF 7/3 LALLESTILLE /X	1964 Lange
1	(street) (city) (et al.	(zip code) (country)
Executed in	County, State of Texa 5, on the 12 day of	2024
	(money)	940)
	Signature of Candidate	Officeholder (Declarant)

### SUBTOTALS - C/OH

#### FORM C/OH COVER SHEET PG 3

19	FILER NAME  20 Filer ID (Ethics Con		
24	Micah Clay Harmon		RURTOTAL
	NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 3,740.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$1700.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ Q
4.	SCHEDULE E: LOANS	Α,	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL C	CONTRIBUTIONS	\$6406.79
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	L CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	753	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL F	UNDS	\$ 3,000.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL (	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIB	UTIONS RETURNED	\$

#### 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	ah Clay Harmon	3 Filer ID (Ethics Commission Filers)
10/2W23	5 Full name of contributor   Out-of-siste PAC (IDE)    Jess T. Davenport  6 Contributor address; City; State  4031 FM 530 Hallettsville TX	\$500.00
8 Principal occu	and the state of the transfer of the state o	mployer (See Instructions)
Date	Full name of contributor   aut-of-state PAC (ID)  Somes Steffek	Amount of contribution (\$)
10/25/23		17964 \$ 100.00
Principal occup	colfigure propagator representation propagatoristics.	nployer (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
101261 00	Contributor address; City; State 11014 US 90 A East Holletsville T	\$ 100.00 \$77964
Principal occup	· ·	nployer (See Instructions)
Date	Full name of contributor Government FAC (IDE Larry A. Svalik	Amount of contribution (\$)
10126/23	Contributor address; City; State	77964 \$200.00
	pation / Job title (See Instructions) Em	nployer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### 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 A17
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 10 24 23	5 Full named of contributor out-of-state PAC (IDE  Coary Svetlik 6 Contributor address; City; State; Zip Code  1653 FM 1891 Shiner TX 77984	7 Amount of contribution (\$)
Principal occ	upation / Job title (See Instructions)  9 Employer (See Instructions)	uctions)
Date	Full name of contributor   Dut of state PAG (ICE)	Amount of contribution (\$)
10/26/23	P.O. Box 76 Hallettsville TX 77964	\$ 100.00
	pation / Job title (See Instructions) Employer (See Instructions)	uctions)
olaula3	Full name of contributor   Out-of-state PAG (17)=  Robert Bordovsky  Contributor address: City: State; Zip Code  45 CR 165 Holletsville TX 77964	Amount of contribution (\$)
-	pation / Job title (See Instructions) Employer (See Instru	uctions)
Date	Jerry J. Kallus	Amount of contribution (S)
Olgolas	2842 US 77 North Halletsville TX 77964	\$100.00
	pation / Job title (See Instructions)  Employer (See Instructions)	uctions)

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#### SCHEDULE A1

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

Th	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1
2 FILER NAME	cah Clay Harmon	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor   Dull-at-state FAC (108 )  Kevin Busselman  6 Contributor address; City; State; Zip Code  56 CR 131 A Hallettsville TX 17964	7 Amount of contribution (\$)
4.5	eupation / Job title (See Instructions)  9 Employed	ctions)
Date	Full name of contributor	Amount of contribution (\$)
robulos	Warren Henneke Contributor address; City; State; Zip Code 7008 CR 132 Hallettsville TX 77964	\$ 100.001
	eff employed  Employed	ctions)
Date 1019123	Full name of contributor   out-of-state PAC (IDE   Kate Kopecky Contributor address; City; State; Zip Code P.O. Box 35 Sweet Home, TX 77987	Amount of contribution (\$)
	1.0. DOX 33 SUDERT HOME, IX 1110.	
1	pation / Job title (See Instructions) Employer (See Instruc	ctions)
1		Amount of contribution (\$)
ho	Full name of contributor	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE A1

The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A177
2 FILER NAME	Micah Clay Harmon	3 Filer ID (Ethics Commission Filars)
4 Date 019123	5 Full name of contributor   out-of-state PAC (FDE Michael Chandler 6 Contributor address; City; State; 722 CR 391 Sweet Home, TX 79	7 Amount of contribution (\$)  Zip Code \$140.00
	upation / Job title (See Instructions)  9 Empl	oyer (Ses Instructions)
Date Idel23	Full name of contributor Dat-of-state PAC (ICR. Corry Volvingo) Contributor address; City: State; 5272 CR 132 Hallettsville & M	Zip Code \$ 200.00
	etired Emple	oyer (See Instructions)
Date Ioliq123	Full name of contributor   Dut-of-state PAC (IDE Harold Miller Contributor address; City; State; 1674 CR 413 Yorkum, TX 7790	Amount of contribution (\$)  Zip Code \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
		oyer (See Instructions)
Date 10/18/23	Policy State:  Policy State:  Policy State:  Policy State:	Amount of contribution (\$)  Zip Code  17981
Principal occu		oyer (See Instructions)

#### SCHEDULE A1

The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A17
FILER NAME		3 Filer ID (Ethics Commission Filers)
d Date   10 and	5 Full name of contributor   Dout-of-state PAC (IDE	7 Amount of contribution (\$)
	echanic 9 Employer (See Instructions)	ructions)
Date 10/19/23	Full name of contributor	Amount of contribution (\$)
	cetired Employer (See Instructions)	uctions)
odelas	Full name of contributor   Course State PAC (IDII)  Robert Torreky  Contributor address; City; State; Zip Code  III CR 392 Yookum, Tx 77995	Amount of contribution (\$)
	upation / Job title (See Instructions) Employer (See Instructions)	uctions)
0/19/23	Full name of contributor  Trevor Sectomp Kerry Peterson  Contributor address; City: State: Zip Code  4417 CR 449 Vookum, Tx 77995	Amount of contribution (\$)
	upation / Job title (See Instructions) Employer (See Instructions)	uctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE A1

	1 Total pages Schedula A1
Instruction Guide explains how to complete this for	n.
ah Clau Harmon	3 Filer ID (Ethics Commission Filers)
Trevor Seekamp 6 Contributor address; City; S	iate; Zip Code \$300.00
	Employer (See Instructions)
James Hercheck Contributor address; City; S	tate; Zip Code \$3000
pation / Job title (See Instructions)	Employer (See Instructions)
Pat Hull Contributor address; City; Si	ate; Zip Code \$140 00
90000 C	Employer (See Instructions)
Marvin Boedeker Contributor address; City; s	ate, Zip Code <b>\$ 140 00</b>
pation / Job title (See Instructions)  femployed	Employer (See Instructions)
	ah Clay Harmon  5 Full name Decentributor   out-of-siste PAC (IDA)  Trevor Seekamp  6 Contributor address; City; St.  US39 FM531 Sweet Home, IX  Ipation / Job title (See Instructions)   9  Full name of contributor   out-of-siste PAC (IDA)  Contributor address; City; St.  Dation / Job title (See Instructions)  Full name of contributor   out-of-siste PAC (IDA)  Pat Hull  Contributor address; City; St.  TUG CR 318 Yeakers IX  pation / Job title (See Instructions)  Eman  Full name of contributor   out-of-siste PAC (IDA)  Pat Hull  Contributor address; City; St.  TUG CR 318 Yeakers IX  Pation / Job title (See Instructions)  Eman  Full name of contributor   out-of-siste PAC (IDA)  Contributor address; City; St.  TAO Louisiara Shine IX  pation / Job title (See Instructions)

#### SCHEDULE A1

		nclude this page in th	
Instruction Guide explains how to	complete thi	s form.	1 Total pages Schedule A1
Micah Clau Harr	mon		3 Filer ID (Ethics Commission Filers)
5 Full name of contributor		C (IO#	7 Amount of contribution (\$)
6 Contributor address;		State; Zip Code	\$ 50.00
pation / Job title (See Instructions)  Crane Operator		9 Employer (See Instru	uctions)
Full name of contributor		MICROSCO CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CO	Amount of contribution (\$)
Contributor address;	City;	State; Zip Code	\$ 100.00
	outton	17,1,14,12	
netion / Job title (See Instructions)		Employer (See Instru	uctions)
Full name of contributor	) out-of-state ⊃A	C (C+)	Amount of contribution (\$)
Contributor address;	City;	State; Zip Code	
nation / Job title (See Instructions)		Employer (See Instru	uctions)
Full name of contributor	our of state PAI	3:(10=	Amount of contribution (\$)
Contributor address;	City;	State; Zip Code	
eation / Job title (See Instructions)		Employer (See Instru	uctions)
	Micah Clay Ham  5 Full name of contributor  Carrol Burns  6 Contributor address;  2/8 PT Rd-1001 H  pation / Job title (See Instructions)  Crane Operator  Full name of contributor  Melvin Janak  Contributor address;  8350 FM 340 M  pation / Job title (See Instructions)  red  Full name of contributor  Contributor address;  pation / Job title (See Instructions)  Full name of contributor	Micah Clay Harmon  5 Full name of contributor   out-of-state PA  Carrol Burns 6 Contributor address; City;  218 PNT Rd (CON)   Halletteril  pation / Job title (See Instructions)  Crane Operator  Full name of contributor   out-of-state PA  Contributor address; City;  8350 FM 340   Moulton  pation / Job title (See Instructions)  red  Full name of contributor   out-of-state PA  Contributor address; City;  pation / Job title (See Instructions)  Full name of contributor   out-of-state PA  Contributor address; City;  Contributor address; City;	Sell name of contributor

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

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

	ostes anomales to het applicable, <b>Do No</b> i melle	ic tills pagi	e iii tiie report.	
TH	ne Instruction Guide explains how to complete this form	m.	1 Total pages Sche	edule A2: 2
2 FILER NAM	icah Clay Harmon		3 Filer ID (Ethics C	Commission Filers)
4 TOTAL O	F UNITEMIZED N-KIND POLITICAL CONTRI	BUTIONS		
5 Date	The contract of the contract o	Zip Code 1995	8 Amount of Contribution \$	In-kind contribution I description I hall rental for compaign fundralser side of Texas. Complete Schedule T.
0	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	1 1 1		IAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	Selt 13 Contrib	employed	UDICIAL)(See Instructions)
	, , , , , , , , , , , , , , , , , , , ,	13 Contrib	dior's job title (FOR J	ODICIAL)(See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law fire	m of contributor's spo	use (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	Full name of contributor   cut-of-state PAC (10#	Zip Code 77987	Amount of Contribution \$ \$1450.00  Check if travel outs	In-kind contribution description  food * Tetreshments  side of Texas. Complete Schedule T.
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDIC	IAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR J	UDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law fire	n of contributor's spou	use (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDI	II F AS NEEDED	

## NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

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

Th	e Instruction Guide explains how to complete this form	n.	1 Total pages Sche	dule A2:
2 FILER NAME	Micah Clay Harmon		3 Filer ID (Ethics C	commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ \$350.0	<del>-</del>
5 Date	6 Full name of contributor   out-of-state PAC (ID#:	Zip Code	8 Amount of Contribution \$	9 In-kind contribution description food : refushments for fundraising event side of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employ	er (FOR NON-JUDIC	IAL)(See Instructions)
Busin	ness awner	Solf	employed	A STATE OF THE STA
12 Contributor's	principal occupation (FOR JUDICIAL)			UDICIAL)(See Instructions)
		8800 50000000		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	m of contributor's spo	use (if any) (FOR JUDICIAL)
16 if anothibutes	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
TO II CONTINUED	is a unid, law limit of parentles (if any) (FOX 30010TAL)			
Date	Full name of contributor	Zip Code	Amount of Contribution \$	In-kind contribution description
			Check if travel outs	I side of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDIC	IAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR J	UDICIAL)(See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law fire	m of contributor's spo	use (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

#### SCHEDULE F1

	EXPENDITURE CATEGOR	ES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Mad Candidate/Officeholder/Pol Credi Caro Payment	Fees Offic Food/Beverage Expense Polli e By Gift/Awards/Memorials Expense Print	Repayment/Reimbursement a Overhead/Rental Expense ing Expense ing Expense ries/Wages/Contract Labor v to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule f	Micah Clay Harmon		3 Filer ID (Ethics Commission Filers)
125/25	5 Payee name	Office Supplies	
6 Amount (\$) も 152,63	7 Payee address; 705 Upton Ave P.O. Box L	City:	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing expense	"Re-Elect M	licah Harmon" Koozies
Complete <u>CNLY</u> if direct expenditure to benefit C.	Candidate / Officeholder name  Chi Cah Clay Harmon	Office sought	Office held
8/10/23	Schulenburg Printing and	Office Supplies	3
Amount (\$)	705 Upton Are P.O. Box 40	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Printing expense	Description "Re-clect Mi	cah Harmon" Koozies
Somplate <u>ONLY</u> if direct expenditure to benefit C.	Candidate / Officeholder name	Office sought	Office held
Date	Plicah Clay Harmon	Sheriff	Sheriff
10/4/23	Kurtz Printing Company		
#2,107.09	110 Pin Oak Ct.	Victoria	State; Zip Code
PURPOSE OF EXPENDITURE	Printing expense	Campaign	100-18×24 Signs 10-2×4 6-4×8
Complete <u>ONLY</u> if direct expenditure to benefit Cit	Candidate / Officeholder name  Candidate / Officeholder name  Candidate / Officeholder name  ATTACH ADDITIONAL COPIES OF THE	Office sought  Sheriff	Office held  Sheriff

### SCHEDULE F1

Advertising Expense	EXPENDITURE CATE(	GORIES FOR BOX 8(a)  Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Benking Consulting Expense Contributions/Donations Made: Candidate/Officeholder/Politic Credi Card Payment	Fees Food/Beverage Expense By Gift/Awards/Memorials Expense cal Committee Legal Services	Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1	4.4	is now to complete this form.	3 Filer ID (Ethics Commission Filers)
4 Date 10 24 23	Micah Clay Harmon 5 Payee name Kurtz Printing Comp	-0.5	1
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$ 1760.15	110 Pin Oak Ot.	Victoria	Tx 77901
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this	scriedule) (b) Description	100-24×18 in
	Printing expense Compaign		n signs 15-2x4
	(c) Check if trave outside of Texas. Complete So	deduceT Check if Austr	n, TX, officebolder living expense
9 Camplete <u>ONLY</u> if direct expenditure to benefit C/S	Candidate / Officeholder name  Micah Clay Harmon	Sheriff	Sheiff
12/4/23	Kurtz Printing Comp	sary	
Amount (\$)	Payee address;	City;	State; Zip Code
8422.18	110 Pin Oak Ct.	Victoria	10PPP X
	Category (See Categories listed at the top of this s	chedule; Description	
PURPOSE OF EXPENDITURE	Printing experse compaign signs 3-4'x8'		signs 3-4'x8'
	Check / travel cutside of Taxas Complete So	cheduleT Check If Austr	n, TX, off beholder living expense
Complete ONLY if direct expenditure to benefit C.O.	Hicah Clay Harmon	Office sought  Sheriff	Sheriff
Date	Payee name		
แกโล	Norma's House-Con	nzales Regional Ch	hildren's Advocacy Center
Amount (\$)	Payee address;	City;	State; Zip Code
\$450.00	1604 St. Paul St., P.O.B	10x1925 Conzale	s Tx 78629
PURPOSE OF EXPENDITURE	Donation Donation		le all fundraising
	Dormore	ever	event
	Check if framer outside of Texas, Complete Sc		1. TX, officeroider living expense
Complete ONLY if direct expenditure to benefit C/C	Micah Clay Hame	on Sheriff	Sheriff
	ATTACH ADDITIONAL COPIES		DED

#### 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 Candidate/Officeholder/Polit Credt Card Payment	Fees Of Food/Beverage Expense Po Gift/Awards/Memorials Expense Pr	en Repayment/Reimbursement ffice Overhead/Rental Expense offing Expense inting Expense staries/Wages/Contract Labor ow to complete this form.	Solicitation/Fundraleing Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F	Micah Clay Harmon		3 Filer ID (Ethics Commission Filers)	
11/30/23	5 Payee name Halletsville Tribune - He	rald		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
#113.24	P.O. Drower 427	Hallettsville	17964 X	
8	(a) Category (See Categories listed at the top of this scher	due) (b) Description		
PURPOSE OF EXPENDITURE	Advertising expense	re-ded	tion announcement	
	(c) Check if travel outside of Texas. Compliste Scheol	26T Check if Aug!	in, TX, officeholder living expense	
Camplete <u>CNLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name  Micah Clay Hormon	Office sought Sheriff	Office held	
Date	Payee name			
11/30/23	Yoakum Herald-Times			
Amount (\$)	Payee address;	City;	State; Zip Code	
\$85.68	P.O. Box798	Yoakum.	TK 17995	
	Category (See Categories I step at the top of this sched,	(e) Description		
PURPOSE OF EXPENDITURE	Advertising expense	expense re-election announcement		
	Check if Auson, TX; officenoider living excense			
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/C	Micah Clay Harmon	Dock	an in	
Date	Payee name	JEIH	JRIN	
11/30/23	Shiner Coazette			
Amount (\$)	Payee address;	City;	State; Zip Code	
\$ 90.63	P.O. Box 727	Shiner T	x 777984	
	Category (See Categories hated at the los of this simed,	Description		
PURPOSE OF EXPENDITURE	Advertising expense	re-election	re-election announcement	
	Chisck if travel outside of Texas, Complete Schedule	eT Chack if Austin	, TX of sensider lying expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit G/C	Micah Clay Harmon	Sheriff	Disort	
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEE	DED	

### SCHEDULE F1

	EXPENDITURE CATEGO	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Med Candidate/Officeholder/Poli Credi Cant Payment	Fees C Food/Beverage Expense P e By Gift/Awards/Memorials Expense P	oan Repayment/Reimbursement Office Overhead/Rental Expense Folling Expense Initing Expense Islanies/Wages/Contract Labor Inow to complete this form.	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F	Micah Clay Harmon		3 Filer ID (Ethics Commission Filers)
1130 las	5 Payee name Moulton Foole		
6 Amount (\$) \$74.48	P.O. Box 427	Hallettsville	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this son	re-election	announcement
Complete <u>ONLY</u> if direct expenditure to benefit C.	Candidate / Officeholder name OH Micah Clay Hormon	Office sought	n. TX, officeholder living expense  Office held  Sheriff
12/18/23	Buildasign		
Amount (\$) \$ 258.72	Payee address; 11525A Stonehollow Dr	Suite 100 Austin	State; Zip Code
PURPOSE OF EXPENDITURE	Printing expense	Description  Ax3 Compo	igh Signs
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held
12/5/23	Payee name Buildasian		
Amount (\$)	Payee address; 11525A Storehollow Dr.S	uite 100 Austin	State; Zip Code
PURPOSE OF EXPENDITURE	Printing expense	Yord signs	
Complete ONLY if direct expenditure to benefit On	Micah Clay Harmon	Office sought  Sheriff	Office held Sheriff
		THIS SCHEDULE AS NEE	DED

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

	EXPENDITURE CATEGO	RIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi CredtCard Payment	Fees C Food/Beverage Expense P By Gift/Awards/Memorials Expense P	can Repayment/Reimbursement office Overhead/Rental Expense folling Expense finding Expense elaries/Wages/Contract Labor ow to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule G	Micah Clay Harmo		3 Filer ID (Ethics Commission Filers)	
4 Date 7 7 23	Micah Roth		### T	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
Reimbursement from political contributions intended	110 PinOak Ct.		a TX 77901	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this school Consulting expense	(b) Description		
Collect Burn High-subtant Found	(c) Check if travel outside of Texas. Complete Schedu	leT Check if Austin, 1	TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Micah Clay Harmon	Office sought Sheriff	Office held	
Date	Payee name			
Amount (\$)  Reimbursement from political contributions intended	Payee address;	City;	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	Description		
	Check if travel outside of Texas, Complete Schedu	reT. Check if Austin,	Check if Auslin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name	1014		
Amount (\$)  Reimbursement from political contributions	Payee address;	City;	State; Zip Code	
intended				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	ule) Description	110.11	
	Check if travel outside of Texas. Complete Schedu	© T. Check if Auslin, 1	IX, officeholder living expense	
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEEDE	D	