CANDIDATE / OFFICEHOLDER FORM C/OH COVER SHEET PG 1 CAMPAIGN FINANCE REPORT 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 FILED FOR RECORD STATE: ZIP CODE 4 CANDIDATE / ADDRESS / PO BOX; UIS JUNIPER Troil YOUKUM TX 17995 **OFFICEHOLDER** JAN 1 1 2024 MAILING **ADDRESS** Tenia Hudson Change of Address AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ **OFFICEHOLDER** 655-3139 (36) PHONE MS / MRS / MR 6 CAMPAIGN TREASURER NAME SUFFIX Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE # 7 CAMPAIGN TREASURER 294CR 401 TX 11995 4 oak am ADDRESS (Residence or Business) EXTENSION AREA CODE PHONE NUMBER CAMPAIGN TREASURER PHONE (713) 885-1371 9 REPORT TYPE 15th day after campaign 30th day before election January 15 treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD COVERED 2024 07/15/2023 01/15/ THROUGH ELECTION TYPE ELECTION DATE 11 ELECTION Day 173/05/23 13 OFFICE SOUGHT (if known) 12 OFFICE OFFICE HELD (if any) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES 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 COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

	E / OFFICEHOLDER I FINANCE REPORT		co		EET PG 2
15 C/OH NAME	inthony Vaccato		16 Filer	ID (Ethics Com	mission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICA PLEDGES, LOANS, OR GUARA CONTRIBUTIONS MADE ELECTOR	INTEES OF LOANS, OR	THAN	\$	
	2. TOTAL POLITICAL CONTRII (OTHER THAN PLEDGES, LOA	BUTIONS NS, OR GUARANTEES OF LO	ANS)	\$ 7,5	80
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICA	L EXPENDITURE.		s	
	4. TOTAL POLITICAL EXPEND	ITURES		\$ 718	191.25
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUT OF REPORTING PERIOD	TIONS MAINTAINED AS OF TH	E LAST DAY	\$ \$ 28	13.2/
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT O LAST DAY OF THE REPORTIN	FALL OUTSTANDING LOANS	AS OF THE	\$	
	Please comp	lete either option be	elow:		
(1) Affidavit					
NOTARY STAMP/SEA	L			21 21	
Sworn to and subscribed	before me by which, witness my hand and seal of office.	this	the	_ day of	
20, to certify	Willon, William Ing Tana and Committee				
Signature of officer administ	ering oath Printed name of of	icer administering oath	2 K K 10 S	Title of officer	administering oath
(2) Unsworn Declarat	don	OR			
My name is Anth	my Vaccaro	, and my date of b	irth is 2-	11-88	
	JUNIPER TOI	yorkun	18.	22995	US
Executed in	(street) (A County, State of 7exa	(city) S , on the 10 day of	(state) TANUARY (month)	(zip code) /, 20 24 (year)	(country)
		Signature of	Candidate/Off	iceholder (Decl	arant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Cor	nmission Filers)	
	Anthony Vaccato		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2380	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 3,799.00	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	SCHEDULE E: LOANS	\$	(A Y-
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 7,291.25-6	11,050,2
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 3.625.30	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 13
FILER NAME ANThony VOCCOTO	3 Filer ID (Ethics Commission Filers)
Date 5 Full name of contributor out-of-state PAC (ID#: Laufie Janak 6 Contributor address; City; State; Zip Code 101 Rita dt HalktsvIII TX 2296	
Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 9 Employer (See Instructions)	Federal credit anim
Date Full name of contributor out-of-state PAC (ID#: -20-23 MICHELLE GORDSON Contributor address; City; State; Zip Code 346 JUNIPET TRAIL YORKUM TX 1992	Amount of contribution (\$) \$\begin{align*} \begin{align*} \
Principal occupation / Job title (See Instructions) Refited MA	nstructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) BANK 7EIRS C/OSSFads	
Date Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Ofefatot PHILLIPS	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE If contributor is out-of-state PAC, please see Instruction guide for addit	EAS NEEDED

SCHEDULE A1

The	Instruction Guide explains how to complete the	is form.	1 Total pages Schedule A1:
FILER NAME	Anthony Vacato		3 Filer ID (Ethics Commission Filers)
)-27-23	5 Full name of contributor out-of-state PI JEFFICH OKONSKI 6 Contributor address; City; 606 Fulling QUR+ leave cedat Path	State; Zip Code	7 Amount of contribution (\$)
STATE OF THE PARTY OF	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date 1-21-23	Full name of contributor out-of-state Parameter Day Contributor address: City: 389/ Hwy 90 A.west	State; Zip Code 70989	Amount of contribution (\$)
	Pation / Job title (See Instructions)	Employer (See Instruct	tions)
Principal occur	Full name of contributor out-of-state P. Earl 109116 Contributor address; City; 602 N.R.1098 HAIRM	State; Zip Code SUI/R TX 1969 Employer (See Instruc	Amount of contribution (\$)
	perinen	Shell	
Date	Full name of contributor out-of-state Particle P	State; Zip Code	Amount of contribution (\$) ## 200 - 80
	pation / Job title (See Instructions)	Employer (See Instruc	
0.44	ecar	VII/Age Af	Mermerys

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME	Anthony Voccato	3 Filer ID (Ethics Commission Filers)
Date 1-21-37	5 Full name of contributor out-of-state PAC (IDW:	Zip Code 7 Amount of contribution (\$)
	408 N. TEXODO HAIRSHSVILLE, TX	77964
Principal occu	pation / Job title (See Instructions) 9 Empl	oyer (See Instructions)
Date 1-21-23		Zip Code # 45.00
Principal occup	pation / Job title (See Instructions) Empl	oyer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Zip Code \$\sqrt{5.00}
Principal occu	pation / Job title (See Instructions) Emp	loyer (See Instructions) fevers runsing t Rehab
Date 7-27-23	Full name of contributor out-of-state PAC (ID#:	Zip Code # 10 *07
Principal occu	Deport / Goo the (Goo man	Hum Community Hospital
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED ide for additional reporting requirements.

SCHEDULE A1

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SCHEDULE A1

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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 ANTHONY VACCUTO	3 Filer ID (Ethics Commission Filers)
1 Date 5 Full name of contributor out-of-state PAC (IDF: 1 Definey Ludwig 6 Contributor address; City; State; Zip Code 2 8 6 9 FM 957 HAIRY SULLETX 1996Y	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	Part and the second sec
MECHANIC LUDWIG REA	9/R
Date Full name of contributor out-of-state PAC (IDN:	Amount of contribution (\$) Amount of contribution (\$)
6180 -US- 21A YOAKUMIX 27895	No. of the Control of
Principal occupation / Job title (See Instructions) Employer (See Instruc	
OWNER-TH SERVICES TX SERVICES	25
Date Full name of contributor out-of-state PAC (ID#:) 1-27-23 Tessica Zo-K Contributor address; CHU. State; Zip Code 27984 274 CR 428 HAIIPHSVIIIE TX	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instruc	
owner-Ballsonos Boll	Dog Bow oner
Date Full name of contributor out-of-state PAC (IDN:	Amount of contribution (\$) A 25°00
Principal occupation / Job title (See Instructions) Employer (See Instruc-	tions)
Federal Agent ATF	
CONTRACTOR OF THIS SCHEDULE AS A	JEEDED.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A1

	2 1 20 20
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME ANTHONY VACCOTO	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (IDII:	7 Amount of contribution (\$) \$\begin{align*} \begin{align*} \lambda \geq \text{20} \\ \end{align*}
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) SCHWEIGET	tions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) 45.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
RENRED -	
	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) HAIICHSUITE TX 1989 Employer (See Instructions)	tions)
Date Full name of contributor out-of-state PAC (IDE: 1-27-27 Contributor address; City; State; Zip Code 504 W CONZAIES, YOAKUM TX 77895	Amount of contribution (\$) 845°00
Principal occupation / Job title (See Instructions) Employer (See Instruc	tions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	NEEDED reporting requirements.

SCHEDULE A1

			1 Total pages Schedule A1:
The	Instruction Guide explains how to complete	this form.	
2 FILER NAME	Anthony Haccaro		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state Carl ONeill	e PAC (ID#:)	7 Amount of contribution (\$)
1-21-23	6 Contributor address; City;	State; Zip Code	
	- COKEST YOU	9 Employer (See Instruc	tions)
Principal occup	MAYM - City	CITY OF	* - · · · · · · · · · · · · · · · · · ·
Date	Full name of contributor out-of-state	e PAC (ID#:)	Amount of contribution (\$)
1-27-23	Contributor address; City:	State; Zip Code	Par
	29/ CR351 SHINE		dinne
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	zuona)
	Clerk	Regovey	
Date 1 - 21-23	Full name of contributor out-of-state ALCHARD GUKTA		Amount of contribution (\$)
1-4/00	301 YOAKUN YOAK	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
ACCESSION SUCCESSIONS	NA NA GEL	StevensM	rsing + respo
Date	Full name of contributor out-of-state	te PAC (ID#:)	Amount of contribution (\$)
7-27-23	DOVIN TAMES Contributor address; City;	State; Zip Code	\$ 350.00
	341 Edgarkesville-CUR	0 TX 11954	
Principal occup	pation / Job title (See Instructions)	Employer (ode mout	
- AND COUNTY OF CASE	OWNER	JAMES Tele	0
	ATTACH ADDITIONAL COP	TES OF THIS SCHEDULE AS	NEEDED reporting requirements.

SCHEDULE A1

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Anthry Vaccato	3 Filer ID (Ethics Commission Filers)
Date 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$) tate; Zip Code
Principal occupation / Job title (See Instructions) 9	Employer (See Instructions) D.J. SUUICES
Date Full name of contributor out-of-state PAC (ID#:	tate; Zip Code #305 60
Principal occupation / Job title (See Instructions)	Employer (See Instructions) Dewith County
Date Full name of contributor out-of-state PAC (ID# 1-21-27 Contributor address; City; Si 1831 (2210 - Weimar)	tate; Zip Code & 50.00
Principal occupation / Job title (See Instructions)	Meyers Constructions) Meyers Constructions
7-27-23 Jotek PilAt Contributor address; City; S	Amount of contribution (\$) Also no
99/2 US 90 A Shinet 7x Principal occupation / Job title (See Instructions) MAINTENANCE	Employer (See Instructions) HA/10+5V///e 7.5.0
ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction	on guide for additional reporting requirements.

SCHEDULE A1

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2 FILER NAME	Anthoug 1/M CAto	3 Filer ID (Ethics Commission Filers)
1 Date 1-27-27	5 Full name of contributor aut-of-	
Principal occup	pation / Job title (See Instructions)	9 Employer (See Instructions)
)-21-23	Michael Pietmann Contributor address; City:	State; Zip Code Amount of contribution (\$) Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions) C174 of 404 kevn
Date 1-21-∂3	TAMES KUBELTA Contributor address: City: 305 AVENUE T - MOU	State; Zip Code #WW TX 11915 Employer (See Instructions)
Principal occup	Ret/red	Retired
Date 1-21-23	H-114-11-11-11	0.00.000.000.000.000
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions)
	ATTACH ADDITIONAL C	OPIES OF THIS SCHEDULE AS NEEDED see Instruction guide for additional reporting requirements.

SCHEDULE A1

The	Instruction Guide explains how to complete this	form. 1 Total pages Schedule A1:
2 FILER NAME	Amthony Voccato	3 Filer ID (Ethics Commission Filers)
1-27-23	5 Full name of contributor out-of-state PAC Debte Fawcett 6 Contributor address; City;	State; Zip Code 7 Amount of contribution (\$)
	5817 OR 438 YORKU	m 78 17995
Principal occup	OWNR	9 Employer (See Instructions) HAUNTED VAUACA JAI)
Date //	Full name of contributor out-of-state PAC Fine Alberty Contributor address; City; 1618 CR 405 40Akt	State; Zip Code # 100 - 00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions)
	Teacher	Shiner ISD
1-27-23	Full name of contributor out-of-state PAC Metidith Herital Contributor address; City: 330 Junipet TRL - 49AKum	State; Zip Code # 335 .00
Principal occup	eation / Job title (See Instructions)	Employer (See Instructions)
	Director	Dewitt/IAVACA ISO
Date 1-27-23	Full name of contributor	A second of another time (C)
	1034 FM 530 HAVELTES	VIIIeTX-97964
	pation / Job title (See Instructions)	Employer (See Instructions) HAI/I6VHav
Y	ATTACH ADDITIONAL COPIES Of the contributor is out-of-state PAC, please see Instru	OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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The	Instruction Guide explains how to complete this	form. 1 Total pages Schedule A1:
2 FILER NAME	Anthony Voccato	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC Jessika Zak 6 Contributor address; City; 274 (428 Hallets)	State; Zip Code
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)
ou	Ner	BAILSBOND DEVILORS
Date	Full name of contributor	5,44,5 : 8
[1-3-23	SONIG RE/IER Contributor address; City:	State: Zip Code
	402 104R) HA DRIVE-Halletts	iille TX 91964
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions) (2055RADS BANK
	Teller	
9-30- 3 3	TAMES Of Belgarer Contributor address; City; UPD No Market. — Hallettsv.	State: Zip Code \$50.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions)
Date [[-16-23	Paul Koone Contributor address; City: /408 CR 342 Spiner	State; Zip Code Amount of contribution (\$) State; Zip Code TX 27884
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions)
	Refilted	OF THIS SCHEDULE AS NEEDED
	If contributor is out-of-state PAC, please see Instr	uction guide for additional reporting requirements.

SCHEDULE A1

The	Instruction Guide explains how to	complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Anthony Voccato			3 Filer ID (Ethics Commission Filers)
4 Date	,	out-of-state PAG	State; Zip Code	7 Amount of contribution (\$)
	3122 CR 400.	YOAKUM	7X 10195	tions)
8 Principal occu	pation / Job title (See Instructions)		Rodines	
Date 12-1-23	A/AN RUY/LUGE Contributor address:	out-of-state PAG	State; Zip Code	Amount of contribution (\$)
Principal occup	636 - CR 422 - pation / Job title (See Instructions) REX/49	40A/40M	Employer (See Instruc	tions)
Date 11-27-23	Full name of contributor AIRBY FAMES FAREK Contributor address; PO BOX 376 F	Out-of-state PAI	State; Zip Code	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	1750000	Employer (Gee mands	ling (many
Date	Full name of contributor Contributor address;	out-of-slate PA	C (ID#:) State; Zip Code	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	ctions)
	ATTACH ADDITIO	NAL COPIES	OF THIS SCHEDULE AS	NEEDED
	If contributor is out-of-state PAC, p	lease see Inst	ruction 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholden/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Loan Repsyment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarias/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (called a page)

Candidate/Officeholden/Politic Credit Card Payment		s/Wages/Contract Labor complete this form.	Other (enter a category	not listed above)
1 Total pages Schedule G:	2 FILER NAME ANTHONY VOLCOUPS		3 Filer ID (Ethics	Commission Filers)
4 Date 7-19-23	5 Payee name FOICE GOOK / MEKA			
6 Amount (\$) 26/03 Reimbursement from political contributions intended	7 Payee address; HACKET WAY MENTO PARK	Merli PARK CAL.		zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) AUCHISING EXPENSE	(b) Description E/CCFion F	ADS ONLINE	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living ex	pense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Anthony Vaccato	Office sought CNUVTY (het)		Office held
7-28-23	Payee name MGREGATITE ROUTIGUEZ	July July 2	22	
Amount (\$) Reimbursement from political contributions intended	Payee address; 306.9044unsffeet	city:	State:	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) First EXPENSE Check if travel outside of Texas. Complete Schedule T.		EF HE CAN	Control of the Contro
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought		Office held
7-30-23	FOCEBOOK/MELA			
Amount (\$) Relmbursement from political contributions intended	Payee address; I HACKET Way N	city; DENIO PARK	State; CALLERAN	Zip Code '4 9 402-5
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Adulet + 15/mg Expense Check if travel outside of Texas. Complete Schedule T.	Description E/CCtion A	AS ON / N	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Am flying Vaccaga	Office sought COUNTY SARTIE		Office held
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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) Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Event Expense Advertising Expense Transportation Equipment & Related Expense Travel In District Accounting/Banking Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel Out Of District Printing Expens Contributions/Donations Made By Other (enter a category not listed above) Legal Services Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule G: 2 FILER NAME 4 Date Zip Code Rembursement from political contributions MenioPARK (AliFORNIA 94125 Hocket Way (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Election ads online OF Advertising Expense EXPENDITURE Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name NA Complete ONLY if direct COUNTY SheriFF expenditure to benefit C/OH 8-12-23 FACEGONY/MEYA Zip Code \$85.00 Reimbursement from political contributions meniopark CAliFornia 94025 1 HAUKER WEY ALGUST-MONTH Description Category (See Categories listed at the top of this schedule) PURPOSE Election Ads-ONLINE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Anthmy Voccats COUNTY SHRYIFF Bea's Place Payee address; Shinet TX 904 N. AVENUE E. Reimbursement from political contributions Description ICE Cream SOCIAl-meet + Category (See Categories listed at the top of this schedule) PURPOSE EXPENSE-FOOD/BEVELOGE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Candidate / Officeholder name Office sought Complete ONLY if direct MA expenditure to benefit C/OH Anthony Vocato county sheriTF

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

10.	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politik Credit Card Paymeni.	Fees Off Food/Beverage Expense Po By Gift/Awards/Memorials Expense Pri	en Repayment/Reimbursement fice Overhead/Rental Expense illing Expense inting Expense ilaries/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:	2 FILER NAME Anthory VOCCOND		3 Filer ID (Ethics Commission Filers)
4 Date /2-/5-23	5 Payee name FACEBOX Meta		
6 Amount (\$) 7 80 05 Reimbursement from political contributions intended	7 Payee address; / Hackee any	MENOPARA	State; Zip Code CA//FXI/G 9425
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedul Advertising Expense	Ads on FA	ceanx \$/ 780-15mit
	(c) Check if travel outside of Taxas. Complete Schedule	eT. Check if Austin	, TX, afficeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	CAUNTY She	Office held
Date (2.10.22	Payee name LAMAR AWETTSING		
Amount (\$) All 1650 Reimbursement from political contributions intended	Payee address; 4507 No Main-St	- Victoria	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this scheduled and the top of this scheduled at the top of the top	e BillBOMA	7, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/0	OH Anthony V4CCUTO	COUNTY SHEN	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu	de) Description	10 =
	Check If travel outside of Texas. Complete Schedule	eT. Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF TI	HIS SCHEDULE AS NEED	DED

SCHEDULE A2

Tł	ne Instruction Guide explains how to complete this for	m.	1 Total pages Scheo	lule A2: 21
2 FILER NAM	thony Viricato		3 Filler ID (Ethics Co	ommission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$\$3,0	99.00
5 Date 1-27-23	6 Full name of contributor out-of-state PAC (IDE:	4		9 In-kind contribution description M CFA (AR + CROSS CROSS Indeed of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)		or (FOR NON-JUDICI	AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	The second second second		JDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
1-21-33	Full name of contributor out-of-state PAC (ID#:	Zip Code	Amount of Contribution \$	In-kind contribution description ONE NIGHT STAY ROKROLT, TX AIRBAB ide of Texas, Complete Schedule T.
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe		AL)(See Instructions)
the same of the sa	evisot	to facilities	SSROOMS BO	A. A
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	itor's job title (FOR JU	JDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
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6	If contributor is out-of-state PAC, please see Instructi		The second secon	a requirements

SCHEDULE A2

7	The Instruction Guide explains how to complete this form	n.	1 Total pages Sched	ule A2:
FILER NAM	ANT/DRY VOCCOLD		3 Filer ID (Ethics Co	ommission Filers)
TOTAL C	OF UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
Date 1-21-23	6 Full name of contributor out-of-state PAC (ID#:	Zip Code 17995		9 In-kind contribution description FREE MENS MIRCUT ide of Texas. Complete Schedule
Principal oc	ccupation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICI	
Contributor	's principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	JDICIAL) (See Instructions)
4 Contributor	's employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
6 If contribute	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 1-27-23	Full name of contributor out-of-state PAC (ID#:	Zip Code	Amount of Contribution \$	In-kind contribution description Me N19h+5+A4 A A B + B + A A A A A B + B + A A A A A
Principal oc	ccupation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICI	
1	MANager - Hoperty 's principal occupation (FOR JUDICIAL)	7 7	MEYERS (D)	VS/RVOF ov JDICIAL) (See Instructions)
Contributor	rs principal occupation (Pox Sobiolixe)	Continu	oto o los tillo (
Contributor	's employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spou	ise (if any) (FOR JUDICIAL)
If contribute	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

SCHEDULE A2

	1 Total pages Schedule A2:
The Instruction Guide explains how to complete this form	n.
2 FILER NAME ANTHONY WOLCOTO	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS \$
5 Date 6 Full name of contributor out-of-state PAC (ID#: 1-27-23 A/AN Kohanak 7 Contributor address; City; State; 109 CAN RANNEL + YOAKON 7X	B Amount of Contribution \$ In-kind contribution description Zip Code Fire Pit Check if travel outside of Texas. Complete Schedule
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON-JUDICIAL)(See Instructions) AK ENTEFFFISES
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
Date Full name of contributor out-of-state PAC (ID#:	Amount of Contribution \$ In-kind contribution description Zip Code Bath Check if travel outside of Texas. Complete Schedule
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
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SCHEDULE A2

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The Instruction Guide explains how to complete this form.	1 Total pages Schedule A2:
2 FILER NAME Anthony Haccato	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBU	TIONS \$
5 Date 6 Full name of contributor out-of-state PAC (ID#:	8 Amount of Contribution \$ In-kind contribution description Code Code Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	. T. H. H. T. T. T. T. H.
12 Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL) 15	5 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
2/1	Amount of Contribution \$ In-kind contribution description #230° © Leopolo P Code BINOCWANS Check if travel outside of Texas, Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)
(lette	Newitt County
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
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If contributor is out-of-state PAC, please see Instruction guide for additional reporting

SCHEDULE A2

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TI	he Instruction Guide explains how to complete this form	1.	1 Total pages Schedule A2:
2 FILER NAM	Anthony Hoccoro		3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 Date	274 CR 428 HALLENTSVILLE	Zip Code	8 Amount of Contribution \$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICIAL) (See Instructions) 1009 BAILS BONDING
12 Contributor's	BA//S BONDSMEN s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	m of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 727-23	Full name of contributor out-of-state PAC (ID#:	Zip Code	Amount of Contribution \$ In-kind contribution description #50 00
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)
Federal	Λ	AT	TF
	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor	s employer/law firm (FOR JUDICIAL)	Law firm	m of contributor's spouse (if any) (FOR JUDICIAL)
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
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SCHEDULE A2

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TI	he Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
2 FILER NAM	Anthory //accors		3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS	\$
5 Date	6 Full name of contributor out-of-state PAC (ID#:		8 Amount of 9 In-kind contribution Contribution \$ description W 40 *00 U-Rose WHISHREY BOHRE
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	THE RESERVE TO SERVE ASSESSMENT OF THE PARTY	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	s principal occupation (FOR JUDICIAL)		utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
)-21-23	Full name of contributor out-of-state PAC (ID#:	Zip Code	Amount of Contribution \$ In-kind contribution description
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICIAL)(See Instructions)
ASSESSED (1883)	Retited	1	V/A
Contributor's	s principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	m of contributor's spouse (if any) (FOR JUDICIAL)
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		-
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			additional reporting requirements.

SCHEDULE A2

Т	The Instruction Guide explains how to complete this form	1.	1 Total pages Sched	ule A2:
FILER NAM	Anthry Voccars		3 Filler ID (Ethics Co	mmission Filers)
TOTAL C	OF UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
Date - 21-33	6 Full name of contributor out-of-state PAC (IDE:	Zip Code	The second secon	9 In-kind contribution description KevSta Scot t Eath rys
	ccupation / Job title (FOR NON-JUDICIAL) (See Instructions)		reyes Carsh	AL)(See Instructions)
Contributor	//A // Abble // 's principal occupation (FOR JUDICIAL)			JDICIAL) (See Instructions)
4 Contributor	's employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)
If contribute	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
17-23	Full name of contributor out-of-state PAC (ID#:	Zip Code	Amount of Contribution \$ ## 49 000	In-kind contribution description SPIKE-KMITE Idea of Texas. Complete Schedule
Principal oc	ccupation / Job title (FOR NON-JUDICIAL) (See instructions)	Employe		AL)(See Instructions)
Contributor	's principal occupation (FOR JUDICIAL)	Contribu	itor's job title (FOR JU	JDICIAL) (See Instructions)
Contributor	's employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spou	use (if any) (FOR JUDICIAL
If contribute	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

SCHEDULE A2

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2 FILER NAME ANTHONY MICCORD		3 Filer ID (Ethics Commission Filers)		
TOTAL OF UNITE	EMIZED IN-KIND POLITICAL CO	NTRIBUTIONS	\$	
1-27-23 He 7 control 180	o sageliel-Seguiny	State: Zip Code		9 In-kind contribution description MC/A/ ART Thir BIVE IS NE de of Texas. Complete Schedule
Ola	ob title (FOR NON-JUDICIAL) (See Instruc	MKR	FAB SEFU	Ices
	naw firm (FOR JUDICIAL)			DICIAL) (See Instructions) se (if any) (FOR JUDICIAL)
6 If contributor is a child,	law firm of parent(s) (if any) (FOR JUDICIA	AL)		
1-21-23 Jes.	name of contributor out-of-state PAC (ID#) SIKU ZAK ibutor address; City; 14 02 42 8 HA/ICH	State; Zip Code	Amount of Contribution \$	In-kind contribution description HVN162_T-Shirt de of Texas. Complete Schedule
Principal occupation / .	lob title (FOR NON-JUDICIAL) (See Instru	NEGATION 1881	er (FOR NON-JUDICIA	AL)(See Instructions)
	occupation (FOR JUDICIAL)			IDICIAL) (See Instructions)
Contributor's employer	law firm (FOR JUDICIAL)	Law fire	m of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor is a child,	law firm of parent(s) (if any) (FOR JUDICI	AL)		
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SCHEDULE A2

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FILER NAME ANTHONY 1/pc cato		3 Filer ID (Ethics Co	mmission Filers)
TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$	
Date 6 Full name of contributor out-of-state PAC (ID#:	42098Y		9 In-kind contribution description HVNHO2 - BOXO35 I I I de of Texas, Complete Schedule
O Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICI	
2 Contributor's principal occupation (FOR JUDICIAL)			DICIAL) (See Instructions)
4 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
6 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Full name of contributor out-of-state PAC (IDM:	- 1	Amount of	In-kind contribution
Date 12123 Contributor address; City: State; 214 0428 HALRSSUILLE	Zip Code	Contribution \$	description J. 0 79/4 wikeks WAFCE BOTH R ide of Texas, Complete Schedule
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICI	AL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contrib	dog Brdiag utor's job title (FOR JU	JDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spou	ise (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

SCHEDULE A2

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2 FILER NAME ANY	by Vaccoto		3 Filer ID (Ethics Co	ommission Filers)
4 TOTAL OF UNITE	MIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$	
12023 DAY	The of contributor out-of-state PAC (ID#: A NO GEORGE Utor address; City; State; CR 322 - Shiref 7X	Zip Code 97984		9 In-kind contribution description Leather favel Bac ide of Texas. Complete Schedule T.
10 Principal occupation / Jo	b title (FOR NON-JUDICIAL) (See Instructions)	The state of the s	er (FOR NON-JUDICI	AL)(See Instructions)
12 Contributor's principal or	1			UDICIAL) (See Instructions)
14 Contributor's employer/is	aw firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	use (if any) (FOR JUDICIAL)
16 If contributor is a child, la	aw firm of parent(s) (if any) (FOR JUDICIAL)			
1-22-22 BRAN	out-of-state PAC (ID#:	Zip Code	Amount of Contribution \$	In-kind contribution description USA WI-EATA Indicate of Texas, Complete Schedule T.
	b title (FOR NON-JUDICIAL) (See Instructions)	31/1		IAL)(See Instructions)
Contributor's principal o	60WHO coupation (FOR JUDICIAL)	Contribu	utor's job tille (FOR JI	UDICIAL) (See Instructions)
Contributor's employer/li	aw firm (FOR JUDICIAL)	Law firm	n of contributor's spou	use (if any) (FOR JUDICIAL)
If contributor is a child, I	aw firm of parent(s) (if any) (FOR JUDICIAL)			+:
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SCHEDULE A2

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2 FILER NAME	Anthory No-ccato		3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS	\$
5 Date 1-21-33	6 Full name of contributor □ out-of-state PAC (ID#:	Zip Code	8 Amount of Contribution \$ 9 In-kind contribution description Temperal 6/ASS CUP-COWBYS
	208 Rodgles Halkettsville TX	11964	Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	109 OK/ RANGE + - YMHUM TX) supation / Job title (FOR NON-JUDICIAL) (See Instructions)	AK	Amount of Contribution \$\lin-kind contribution description \$\lin-kind contribution description \\ \lambda \line \l
Contributor's	principal occupation (FOR JUDICIAL)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
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SCHEDULE A2

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The Instruction Guide explains how to complete this form	1.
2 FILER NAME AMPRONY VOCCORO	3 Filer ID (Ethics Commission Filers)
TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS \$
3453 05 MWY-27- FLAILEHSUILLE TX	S Amount of Contribution \$ In-kind contribution description S C EMSY BASKET
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON-JUDICIAL)(See Instructions)
SUFFEVISOR 12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
	2 7X-71954 Check if travel outside of Texas, Complete Schedule
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions) Telco COMMUNICALIONS
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
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SCHEDULE A2

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Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:	
2 FILER NAME ANTHONY VICEOUS		3 Filer ID (Ethics Commission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
5 Date 6 Full name of contributor out-of-state PAC (IDIE: 1-27-23 7 Contributor address; City; State; Zip Code 17/0 (P 24) Weimer TX		8 Amount of 9 In-kind contribution Contribution \$ description USA Meta/ F/A9 Check if travel outside of Texas. Complete Schedule T.		
10 Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICIAL)(See Instructions)	
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12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
1-21-23	Full name of contributor out-of-state PAC (ID#:	Zip Code (1964	Amount of Contribution \$ In-kind contribution description In-kind contribution description WINE BASKET	
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	120000000000000000000000000000000000000	er (FOR NON-JUDICIAL)(See Instructions) es State Bank	
SUPPLU TIME			entributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	w firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
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SCHEDULE A2

The Instruction Guide explains how to complete this for	1 Total pages Schedule A2:
FILER NAME ANTHONY MACCATO	3 Filer ID (Ethics Commission Filers)
TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTR	IBUTIONS \$
5 Date 6 Full name of contributor out-of-state PAC (ID#: AShley Reserviz 7 Contributor address: City: State: 301 AVCK/or NM-MAI/OFF/VILLE TX	8 Amount of 9 In-kind contribution Contribution \$ description Zip Code Collet - UHRST Check if travel outside of Texas. Complete Schedule
O Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON-JUDICIAL) (See Instructions) AeSOVOIZ SCHUICES
2 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
Date Full name of contributor out-of-state PAC (ID#:	Check if travel outside of Texas. Complete Schedule
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
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SCHEDULE A2

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2 FILER NAME ANTIMAY VOCCATS	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS \$
104 CARI RAMONE - YOAKUM TX)	Zip Code Second Second Second Second Second Contribution Contribut
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON-JUDICIAL)(See Instructions)
OUNCE	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
Date Full name of contributor out-of-state PAC (ID#:	Zip Code Amount of Contribution \$ In-kind contribution description TEXAS TUMB/PR GWP Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions) Bull de Bowoing
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
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SCHEDULE A2

3 Filer ID (Ethics Commission Filers) ONS \$ 8 Amount of 9 In-kind contribution Contribution \$ description MAGAL/A Code GFF Basket Check if travel cutside of Texas. Complete Schedule T. Employer (FOR NON-JUDICIAL)(See Instructions)
ONS \$ 8 Amount of 9 In-kind contribution Contribution \$ description MACAPITA code GIFF Basket Check if travel cutside of Texas. Complete Schedule T.
8 Amount of 9 In-kind contribution Contribution \$ description MPGAP/+A GIF+ Basket Check if travel cutside of Texas. Complete Schedule T.
Contribution \$ description MPGN/+A G)F+ Bas/cet Check if travel cutside of Texas. Complete Schedule T.
Employer (FOR NON-JUDICIAL)(See Instructions)
11-1
Contributor's job title (FOR JUDICIAL) (See Instructions)
Law firm of contributor's spouse (if any) (FOR JUDICIAL)
Amount of Contribution \$ In-kind contribution description Code Check if travel outside of Texas, Complete Schedule T.
Employer (FOR NON-JUDICIAL)(See Instructions)
AN Utime Figures
Contributor's job title (FOR JUDICIAL) (See Instructions)
Law firm of contributor's spouse (if any) (FOR JUDICIAL)

SCHEDULE A2

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2 FILER NAMI	Anthony Vaccato		3 Filer ID (Ethics C	ommission Filers)
of Mineronance	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$	
7-21-23	6 Full name of contributor out-of-state PAC (ID#	Zip Code	8 Amount of Contribution \$ \$\mu \ \mu \ \n \ \n \ \n \ \n \ \n \ \n	9 In-kind contribution description MC/A/AR + CRSS
10 Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)			IAL)(See Instructions)
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12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	tor's job title (FOR J	UDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	use (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
1-21-23	Full name of contributor out-of-state PAC (ID#	Zip Code	Amount of Contribution \$	In-kind contribution description NECK/ACE W/ NEX2 + PENDENT ide of Texas. Complete Schedule T.
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See Instructions)			IAL)(See Instructions)
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Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spou	use (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
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Revised 11/15/2022

SCHEDULE A2

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

т	ne Instruction Guide explains how to complete this for	n.	1 Total pages Schedule A2:
2 FILER NAME Anthry Vocaso		3 Filer ID (Ethics Commission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIL	BUTIONS	\$
7-27-3	6 Full name of contributor □ out-of-state PAC (ID#:	Zip Code	8 Amount of Contribution \$ In-kind contribution description # Bo
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
	Rettaes	Refir	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	tor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date ク-2123	Full name of contributor out-of-state PAC (ID#	Zip Code	Amount of Contribution \$\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)
	TEILER	CROSSR	0905 BANG
Contributor's	principal occupation (FOR JUDICIAL)		tor's job title (FOR JUDICIAL) (See Instructions)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A2

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Anthur Vaccapo		3 Filer ID (Ethics Co	ommission Filers)
	BUTIONS	\$	
6 Full name of contributor out-of-state PAC (ID#	Zip Code 21915		9 In-kind contribution description Filewad Holder ide of Texas. Complete Schedule T.
	1 2		AL)(See Instructions)
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employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	ise (if any) (FOR JUDICIAL)
is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
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upation / Job title (FOR NON-JUDICIAL) (See Instructions)	(0.75.0.75.4.)	***	AL)(See Instructions)
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employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spou	ise (if any) (FOR JUDICIAL)
is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
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	FUNITEMIZED IN-KIND POLITICAL CONTRI Full name of contributor out-of-state PAC (ID#	Full name of contributor out-of-state PAC (ID# JAK KANNY Tontributor address; City; State; Zip Code JOS CAN LAND SUPPLICIAL) (See Instructions) 11 Employer AK Experiment 13 Contributor out-of-state PAC (ID# JAK Experiment 14 Employer 15 Employer 16 Employer 17 Employer 18 Employer 18 Employer 18 Employer 19 Employer	### Instruction Guide explains how to complete this form.

SCHEDULE A2

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

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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2:			
2 FILER NAM	Anthony Voccaho		3 Filer ID (Ethics Commission Filers)			
4 TOTAL C	F UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS	\$			
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10 Principal oc	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)		r (FOR NON-JUDICIAL)(See Instructions)			
12 Contributor's	s principal occupation (FOR JUDICIAL)	400	outor's job title (FOR JUDICIAL) (See Instructions)			
		16 Law firm	m of contributor's spouse (if any) (FOR JUDICIAL)			
16 If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1				
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	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDII	I E AS NEEDED			
	If contributor is out-of-state PAC, please see Instructi	on guide for	additional reporting requirements.			

Revised 11/15/2022

SCHEDULE A2

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 A2:			
2 FILER NAME Anthory Vaccare			3 Filer ID (Ethics Commission Filers)			
4 TOTAL C	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$			
5 Date	6 Full name of contributor out-of-state PAC (ID#:	Zip Code	8 Amount of Contribution \$ In-kind contribution description y yo SCEVITY BASKET Check if travel outside of Texas. Complete Schedule T.			
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	ver (FOR NON-JUDICIAL) (See Instructions) CAO R SUPPLY			
			ibutor's job title (FOR JUDICIAL) (See Instructions)			
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16 If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		-			
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	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDU	JLE AS NEEDED			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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
Candidata/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Grit/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (extre a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/V The Instruction Guide explains how to de-	Vages/Contract Labor complete this form.	Other (enter a cate	egory not listed above)		
1 Total pages Schedule F1;	2 FILER NAME forthany Volcato		3 Filer ID (Ethics Commission Filers)			
4 Date 7-21-23	5 Payee name Faves Rint Hous 7 Payee address:					
6 Amount (S) #300.00	7 Payee address: 506 N. AVE F,	Shinet	State;	Zip Code 11984		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Konzies to	hand ou	<i>+</i>		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Anthony Vaccato	County Shelle	F	Office held		
8-4-43	EMBhoidery EXPRESS					
Amount (\$)	Payee address;	City;	State;	Zip Code		
\$401.39	218 W. Grand Ave	Youkum	TX	11995		
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Advertising Expense	CAP				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Anthory Unicato	Office sought	FF	Office held		
Date	Payee name					
7-28-23	Matgatita Rodtiquez					
Amount (\$)	Payee address;	City;	State;	Zip Code		
\$ 100.00	30 6 4004pm. Street	youkum	TX	11995		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food CX PEUSC	Description EVENT/61	Atheting	FOR CANDIDATE		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	. TX. officeholder liv	ing expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name An Hony Voccato	Office sought	IFF	Office held		
	ATTACH ADDITIONAL COPIES OF THIS					

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Event Expense Advertising Expense Transportation Equipment & Related Expense Travel In District Accounting/Banking Consulting Expense Food/Beverage Expense Gilt/Awards/Memorials Expense Polling Expense Printing Expense Travel Out Of District Contributions/Donations Made By Other (enter a category not listed above) s/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME EM6/0/10 Zip Code 6 Amount (\$) 7 Payee address; **PURPOSE** Advertising Expense Unter BUTTON S-Vaccato EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Office sought 9 Complete ONLY if direct expenditure to benefit C/OH COUNTY Anthry Vaccors Zip Code O NITEXANA PURPOSE OF (AMPAIGN SIGNS 350 + 20 large Advettising Expense EXPENDITURE Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Zip Code State 5912 NINAVARRO Category (See Categories listed at the top of this schedule) PURPOSE OF Adventising Expense EXPENDITURE Check if travel outside of Texas. Complete Schedule T Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH COUNTY ShotIFF Anthony VACCADO ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitation/Fundralsing Expense Event Expense Loan Repayment/Reimbursement Advertising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Consulting Expense Travel Out Of District Contributions/Donations Made By Printing Expense Other (enter a category not listed above) Legal Services Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 9-5-23 Zip Code 6 Amount (\$) 8 PURPOSE OF DOOR HANGOLS/ ANUELYISING EXPENSE EXPENDITURE Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Anthory VACUARO COUNTY ShotIFF 8-10-23 Zip Code City; State: -00 Description Categories listed at the top of this schedule) PURPOSE 4x6 Bumpoe Stickers OF ADVERTISING EXPENSE EXPENDITURE Check if Austin, TX, officeholder living expanse Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH COUNTY SheriFF Anthroy CACCORD Payee name Date 0-10-23 State: Zin Code Halktsville TX Description PURPOSE OF FLYERS-CAMPAIGN ADVOLTISING EXPENSE EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH COUNTY SherIKE Am thony Vacca ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Gitt/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.

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1 Total pages Schedule F1:	2 FILER NAME Anthory Vaccato		3 Filer ID (Ethics (
4 Date	5 Payee name				
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6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
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8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
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	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OI	Anthony Vaccato	COUNTY Show	FIRE		
	I DESCRIPTION OF THE PROPERTY				
Date	Payee name				
12-7-23	VALIANT DESIGN				
Amount (\$)	Payee address;	City;	State;	Zip Code	
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EXPENDITURE	Advertising Expense MAIKERS/letters				
	Check if travel outside of Texas, Complete Schedule T.	Check if Austi	ng expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
expenditure to benefit C/Oł	1. 26 180	cara-uscha	Large		
	Anthory Vaccino	county she	MAC		
Date	Payee name				
	**				
Amount (\$)	Payee address;	City;	State;	Zip Code	
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		,			
	Category (See Categories listed at the top of this schedule)	Description			
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OF					
EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
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	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED		