

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: **9**

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / <input checked="" type="checkbox"/> MP	FIRST Anthony	MI E	OFFICE USE ONLY	
	NICKNAME	LAST Vaccaro	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: 415 Juniper Trail	APT / SUITE #: 400KUM	CITY: TX	STATE: TX	ZIP CODE 77995
<input type="checkbox"/> Change of Address					
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (361)	PHONE NUMBER 855-3139	EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / <input checked="" type="checkbox"/> MRS / MR	FIRST Katen	MI	Date Processed Date Imaged	
	NICKNAME	LAST Pawlik	SUFFIX		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); 294 CR 401		APT / SUITE #:	CITY: YOAKUM	STATE: TX
(Residence or Business)					
8 CAMPAIGN TREASURER PHONE	AREA CODE (713)	PHONE NUMBER 885-1371	EXTENSION		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)				
10 PERIOD COVERED	Month Day Year 05 / 01 / 2023		THROUGH	Month Day Year 07 / 15 / 2023	
11 ELECTION	ELECTION DATE Month Day Year 03 / 05 / 2024		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) -		13 OFFICE SOUGHT (if known) COUNTY SHERIFF		
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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	COMMITTEE ADDRESS	COMMITTEE CAMPAIGN TREASURER NAME

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <i>Anthony Vaccaro</i>		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)	\$ <i>1,500.00</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>3,124.46</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>278.93</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>—</i>

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

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, 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 *Anthony Vaccaro*, and my date of birth is *02/11/1988*.

My address is *415 JUNIOR TRAIL*, *404000*, *TX*, *77025*, *US*
(street) (city) (state) (zip code) (country)

Executed in *LA VACA* County, State of *TEXAS*, on the *11* day of *JULY*, 20*23*.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Anthony Vaccaro

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS

\$

2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

\$

3. SCHEDULE B: PLEDGED CONTRIBUTIONS

\$

4. SCHEDULE E: LOANS

\$

5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$ *1,236.62*

6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS

\$

7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

\$

8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD

\$ *231.50*

9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

\$ *1,656.34*

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

\$

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)
2 FILER NAME Anthony Vaccato		3 Filer ID (Ethics Commission Filers)
4 Date 6-19-23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cynthia Dekouski	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 910 JUNIPER TRL Y0AKUM TX 77995		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 6-19-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meredith Haitell	Amount of contribution (\$) \$300.00
Contributor address; City; State; Zip Code 520 JUNIPER TRL Y0AKUM TX 77995		
Principal occupation / Job title (See Instructions) DIRECTOR OF OPERATIONS		Employer (See Instructions) Y0AKUM ISD
Date 6-19-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melissa Simecek	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 430 JUNIPER TRL Y0AKUM TX 77995		
Principal occupation / Job title (See Instructions) Retired Teacher		Employer (See Instructions) N/A
Date 6-19-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandy Walters	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 515 JUNIPER TRL Y0AKUM TX 77995		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Y0AKUM ISD

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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)
2 FILER NAME Anthony Vaccaro		3 Filer ID (Ethics Commission Filers)
4 Date 6-23-23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jessica Zak	7 Amount of contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code S15 CR 429 Yorkum TX 77995		
8 Principal occupation / Job title (See Instructions) Manager		9 Employer (See Instructions) Austin Bulls Bonds II and Bulldog
Date 7-1-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Kliesing	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 3020 Lake Shore Blvd Jacksonville FL 32210 7810 FM 2439 Houston TX 77064		
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Red Oak Logistics
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)
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)

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | 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 F1: <i>1</i>	2 FILER NAME <i>Anthony Vaccaro</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>6-23-2023</i>	5 Payee name <i>Eaves Print House</i>	
6 Amount (\$) <i>475.00</i>	7 Payee address; City; State; Zip Code <i>506 N. AVE F, Shiner TX 77984</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>koozies, Bonnets - Campaign 10/20</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	<u>Candidate</u> Officeholder name <i>[Signature]</i>	Office sought <i>County Sheriff</i>
Date <i>7-2-23</i>	Payee name <i>AMAZON PRIME</i>	
Amount (\$) <i>259.88</i>	Payee address; City; State; Zip Code <i>AMAZON ONLINE PURCHASE</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>EVENT EXPENSE</i>	Description <i>PLATES, COOLER, CUPS TABLES FOR FUNDRAISER 11/2/23</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	<u>Candidate</u> Officeholder name <i>[Signature]</i>	Office sought <i>County Sheriff</i>
Date <i>7-7-23</i>	Payee name <i>Embroidery Express</i>	
Amount (\$) <i>\$1501.74</i>	Payee address; City; State; Zip Code <i>218 W. Grand Ave YAKUM, TX 77985</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>CAMPAIGN CAPS</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	<u>Candidate</u> Officeholder name <i>[Signature]</i>	Office sought <i>County Sheriff</i>

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: 1	2 FILER NAME Anthony Vaccaro	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 231.50
5 Date 5-10-23	6 Payee name EAVES PRINT SHOP	
7 Amount (\$) 231.50	8 Payee address; City; State; Zip Code 506 N. AVE F SHINET TX 77984	
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) ADVERTISING EXPENSE	(b) Description Koozies, 2-4X4 BONNETS
	(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 ONLY if direct expenditure to benefit C/OH	Candidate Officeholder name Anthony Vaccaro	Office sought COUNTY SHERIFF
		Office held N/A
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	
	Candidate / Officeholder name	Office held
	Office sought	
Complete ONLY if direct expenditure to benefit C/OH		

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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)

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: 1		2 FILER NAME Anthony Vaccato		3 Filer ID (Ethics Commission Filers)	
4 Date 5-9-23		5 Payee name Bob Barteta designs/art			
6 Amount (\$) \$463.31 <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address: 110. N. TEXANA		City: Hallettsville, TX	State: TX
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description 500-Flyers and 4-CAR MAGNETS <i>CAMPAIGN</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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Anthony Vaccato		Office sought County Sheriff	
		Office held N/A			
Date 5-17-23		Payee name Embroidery Express			
Amount (\$) 590.99 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address: 218 W. Grand Ave		City: Yoakum TX	State: TX
Zip Code 77995		8 PURPOSE OF EXPENDITURE		Description BAIL CAPS	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Anthony Vaccato		Office sought County Sheriff	
		Office held N/A			
Date 6-1-23		Payee name Embroidery Express			
Amount (\$) 602.09 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address: 218 W. Grand Ave		City: Yoakum TX	State: TX
Zip Code 77995		8 PURPOSE OF EXPENDITURE		Description BAIL CAPS-30	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		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

Anthony Volceto

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