

# 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	2 Total pages filed: 6	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; font-weight: bold; margin: 0;">FILED FOR RECORD</p> <p style="text-align: center; font-size: small; margin: 0;">OFFICE USE ONLY</p> <p style="text-align: center; margin: 0;">AT 3:10 o'clock AM M</p> <p style="text-align: center; margin: 0;">Date Received</p> <p style="text-align: center; font-size: large; font-weight: bold; margin: 5px 0;">FEB 26 2024</p> <p style="text-align: center; font-size: small; margin: 0;">Teria Hudson Elections Administrator, Lavaca County</p> <p style="text-align: center; font-size: x-small; margin: 0;">By Hand Delivered to Date Prepared</p> </div>
		James		
	NICKNAME	LAST	SUFFIX	
		Reeves		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY;		ZIP CODE	
	211 E. Second Street			
	Hallettsville, TX 77964			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	
	NICKNAME	LAST	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE			
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
8 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 type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
9 PERIOD COVERED	Month   Day   Year		Month   Day   Year	
	01/26/2024		THROUGH 02/24/2024	
10 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month   Day   Year		<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff <input type="checkbox"/> Other
	03/05/2024		<input type="checkbox"/> General	<input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)	
			County Attorney	

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

**FORM C/OH  
COVER SHEET PG 2**  
2 of 6

**13 C / OH NAME** Reeves, James **14 Filer ID**

**15 NOTICE FROM POLITICAL COMMITTEE(S)**  
 Additional Pages

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

<input type="checkbox"/> GENERAL	COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> SPECIFIC		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

<b>16 CONTRIBUTION TOTALS</b>	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	25.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	3,085.00
<b>EXPENDITURE TOTALS</b>	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4.	TOTAL POLITICAL EXPENDITURES	\$	3,470.73
<b>CONTRIBUTION BALANCE</b>	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	7,250.00
<b>OUTSTANDING LOAN TOTALS</b>	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

**17 AFFIDAVIT**



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

*James R. Reeves*  
 \_\_\_\_\_  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said James Reeves, this the 26<sup>th</sup> day of February, 2024, to certify which, witness my hand and seal of office.

*Virginia Partida*      Virginia Partida      Notary Public  
 Signature of officer administering      Printed name of officer administering      Title of officer administering

**SUBTOTALS - C/OH**

<b>18 FILER NAME</b> Reeves, James		<b>19 Filer ID</b>
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,085.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 3,470.73
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 1/2 Rpt: 4/6
2 FILER NAME Reeves, James		3 Filer ID
4 Date 02/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Richard (Mr.)	7 Amount of Contribution (\$)  \$100.00
6 Contributor address; City; State; Zip Code 2400 CR 177  Shiner, TX 77984		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 02/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown Jr., Alton (Mr.)	Amount of Contribution (\$)  \$2,220.00
Contributor address; City; State; Zip Code PO Box 37  Sweet Home, TX 77987		
Principal occupation / Job title (See Instructions) HVAC		Employer (See Instructions) Monk's AC
Date 02/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cash, Brenda (Ms.)	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code 79 CR 342A  Shiner, TX 77984		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dixon, Evelyn (Ms.)	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code 1141 US Hwy 77S  Hallettsville, TX 77964		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 02/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goeman Jr., JR (Mr.)	Amount of Contribution (\$)  \$15.00
Contributor address; City; State; Zip Code 114 E. 3rd Street  Shiner, TX 77984		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
Sch: 2/2 Rpt: 5/6

2 FILER NAME

Reeves, James

3 Filer ID

4 Date  
02/02/2024

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Jones Jr., Thomas (Mr.)

7 Amount of Contribution (\$) \$250.00

6 Contributor address; City; State; Zip Code  
2509 CR 318  
  
Yoakum, TX 77995

8 Principal occupation / Job title (See Instructions)  
Retired

9 Employer (See Instructions)

Date  
01/29/2024

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Parkinson, Paula (Ms.)

Amount of Contribution (\$) \$100.00

Contributor address; City; State; Zip Code  
276 CR 129  
  
Hallettsville, TX 77964

Principal occupation / Job title (See Instructions)  
Teacher

Employer (See Instructions)  
Ezell ISD

Date  
02/06/2024

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Richards, Ron (Mr.)

Amount of Contribution (\$) \$150.00

Contributor address; City; State; Zip Code  
603 E. 3rd Street  
  
Hallettsville, TX 77964

Principal occupation / Job title (See Instructions)  
Retired

Employer (See Instructions)

Date  
02/07/2024

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Vickers, John (Mr.)

Amount of Contribution (\$) \$150.00

Contributor address; City; State; Zip Code  
5359 CR 400  
  
Yoakum, TX 77995

Principal occupation / Job title (See Instructions)  
Retired

Employer (See Instructions)

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: Sch: 1/1 Rpt: 6/6	<b>2</b> FILER NAME Reeves, James	<b>3</b> Filer ID
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<b>4</b> Date 02/01/2024	<b>5</b> Payee name All Sorts Mailing Services, Inc
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<b>6</b> Amount (\$) \$2,278.23  <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 3335 Keller Springs Road Ste 104 Carrollton, TX 75006
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Develop, print, and mail mailers
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/14/2024	Payee name All Sorts Mailing Services, Inc
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Amount (\$) \$1,192.50  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3335 Keller Springs Road Ste 104 Carrollton, TX 75006
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Develop, print, mail mailers
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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