FORM SC C/OH COVER SHEET PG 1

			**				
The SC C/OH Instruc	ction Guide explai	ns how to comp	elete this form.	1 Filer ID (Ethics Commission	on Filers)	2 Total pages file	ed:
3 CANDIDATE NAME	MS / MB6 / MR NICKNAME	Arra CAST.	nda	MI	ıx	OFFICE U	JSE ONLY
4 CANDIDATE ADDRESS Change of Address 5 CANDIDATE PHONE	ADDRESS / PO BOX AREA CODE (973)	PHONE NUMBER		STATE; ZIP CO	DDE DDE		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	APT POOL	inda Le	SUFFIX	x	Date Hand-delivered	or Date Postmarked
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS	NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIF	CODE	Date Imaged	<u> </u>
8 CAMPAIGN TREASURER PHONE	AREA CODE (G)	PHONE NUMBER	18	EXTENSION	· · · · · · · · · · · · · · · · · · ·		
9 REPORT TYPE	January 15 July 15		Oth day before convent			Runoff inal report (Attach SC C	/OH - FR)
10 PERIOD COVERED	Month 7	Day Year 1 / 23	THROUGH	Month	/\0	7/24	
11 CONVENTION/ ELECTION DATE	3 / 6	Day Year July	12 OFFICE	SOUGHT N/)	STATE CHAIR COUNTY CHAIR	
13 POLITICAL PARTY	Reput	olican	co	UNTY (J ^A Applicable)	_		
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTH	CE OF POLITICAL EXPE	ITHOUT THE CANDIDA	TE'S OR OFFICEHOLDI	ER'S KNO	DRT THE CANDIDATE / O WLEDGE OR CONSENT HEXPENDITURES.	
	COMMITTEE TYPE	COMMITTEE NAME					
Additional Pages	GENERAL	COMMITTEE ADDR	ESS				
	SPECIFIC	COMMITTEE CAMP	PAIGN TREASURER N	AME			
		COMMITTEE CAME	PAIGN TREASURER	ADDRESS			
		G	O TO PAGE	2	-		

FORM SC C/OH COVER SHEET PG 2

					
15 CANDIDATE NAME	Amanda Polole	16 Filer ID (Ethics Commission Filers)			
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAT PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	* O			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 75000			
	4. TOTAL POLITICAL EXPENDITURES	\$ 75000			
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD	AST DAY \$			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS LAST DAY OF THE REPORTING PERIOD	OF THE \$			
	wear, or affirm, under penalty of perjury, that the accompanying report is to uired to be reported by me under Title 15, Election Code. Signal	ue and correct and includes all information U ure of Candidate			
Please complete either option below:					
(1) Affidavit					
NOTARY STAMP/SEA	L				
Sworn to and subscribed	before me by this th	e, day of,			
20, to certify	which, witness my hand and seal of office.				
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath			
	OR	1942————————————————————————————————————			
My name is My address is	1anda Poole, and my date of birth BDX 1015, ROCKSPrings	TX 78880. V.S.			
Executed in Family	(street) (city) County, State of, on the day of	an - 20 ZY.			
	Signature	f Candidate (Declarant)			

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Transportation Equipment & Related Expense Travel In District Office Overhead/Rental Expense Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Contributions/Donations Made By 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. Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 6 7 Payee addres Amount political contributions intended 8 (a) Category (b) Descriptio **PURPOSE** OF EXPENDITURE (c) Check if travel outs Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address: City; State; Zip Code Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Amount (\$) Payee address; Zip Code State: City; OR RECORD Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description PURPOSE OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Candidate / Officeholder name MAN ARTY SEGNATED Complete ONLY if direct COUNTY CLIRK expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



JAN 1 2 2024



FORM SC C/OH COVER SHEET PG 1

The SC C/OH Instruc	tion Guide explai	ns how to com	plete this form.	1 Filer ID (Ethics Commission	n Filers)	2 Total pages fi	led:
3 CANDIDATE NAME	MS / MRS / MR	A FIRST	anda	SUFFI	x	OFFICE Date Received	USE ONLY
4 CANDIDATE ADDRESS Change of Address 5 CANDIDATE PHONE	ADDRESS / PO BOX AREA CODE (G72)	BOX 1 PHONE NUMBER	016, ROC	STATE; ZIP CO	DE 15		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	<u> </u>	MI		Receipt #	or Date Postmarked Amount \$
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP	CODE	Date Imaged	
(Residence or Business)		* /			- 1		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER		EXTENSION			
9 REPORT TYPE	January 15	☆:	30th day before convent	ion / election		Runoll	
	July 15		8th day before convention	on / election	F	inal report (Attach SC C	:/OH - FR)
10 PERIOD COVERED	Month 1	1 / 23	THROUGH	Month 2	/ <u>5</u>		
11 CONVENTION / ELECTION DATE	Month t	S / 24	12 OFFICE	sought 44nu		STATE CHAIR COUNTY CHAIR	3
13 POLITICAL PARTY		Repu	blican	UNTY (If Applicable)			
14 NOTICE FROM POLITICAL COMMITTEE(S)	EXPENDITURES MAY	HAVE BEEN MADE W	THOUT THE CANDIDA	DLITICAL COMMITTEES TE'S OR OFFICEHOLDE IF THEY RECEIVE NOTICE	R'S KNOI	WLEDGE OR CONSEN	DFFICEHOLDER. THESE T. CANDIDATES AND
, ,	COMMITTEE TYPE	COMMITTEE NAM	E				
Additional Pages	GENERAL	COMMITTEE ADDR	RESS				
	SPECIFIC	COMMITTEE CAME	PAIGN TREASURER N	AME	Rs		
		COMMITTEE CAM	PAIGN TREASURER /	ADDRESS			
		G	O TO PAGE	2			

FORM SC C/OH COVER SHEET PG 2

						
15 CANDIDATE NAME	Amo	anda f	pole.	16 Filer I	D (Ethics Comm	nission Filers)
17 CONTRIBUTION TOTALS	PLEDGES,		CONTRIBUTIONS (OTHER ITEES OF LOANS, OR RONICALLY)	THAN	\$ (Ď
		LITICAL CONTRIBU AN PLEDGES, LOANS	JTIONS S, OR GUARANTEES OF LO	ANS)	\$	b
EXPENDITURE TOTALS	3. TOTAL UNI	TEMIZED POLITICAL	EXPENDITURE.		\$ 70	50
	4. TOTAL PO	LITICAL EXPENDIT	URES		\$ 7	50
CONTRIBUTION BALANCE		ITICAL CONTRIBUTIO	NS MAINTAINED AS OF TH	E LAST DAY	\$	
OUTSTANDING LOAN TOTALS		NCIPAL AMOUNT OF A	ALL OUTSTANDING LOANS PERIOD	AS OF THE	\$	
	wear, or affirm, under puired to be reported by		t the accompanying report	is true and co	prrect and include	des all information
- 1	,		^ ^			
			Chr	Ce		
			Sig	nature of Ca	ndidate	
Please complete either option below:						
						į
(1) Affidavit						
NOTADY OTANGLOCAL						
NOTARY STAMP/SEAI	-					
Sworn to and subscribed	before me by		this	s the	_ day of	
20 , to certify	which, witness my hand	and seal of office				
	,					
Signature of officer administe	ring oath	Printed name of office	r administering oath		Title of officer	administering oath
			DR			
(2) Unavers Destauration			JK			
(2) Unsworn Declaration		\circ				
My name is	nanda	Pople.	, and my date of b	idh io		
My address is	ROY INIT	10010	Mode Coción	(TV	78880	11.5
iviy address is	(street)			(atata)	· ·	
Evacutad in Ed 1476	County, State	N	(city)	(state)	(zip code)	(country)
Executed III - OC VOW	T V W County, State	: UI	, on the day of	month)	, 20 <u>~~~</u> . (year)	
			(4)	Non 0		
			Signatur	e of Candidat	e (Declarant)	

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

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

Candidate/Officeholder/Politi Credit Card Payment			es/Wages/Contract Labor to complete this form.	Other (enter a catego	ry not listed above)
1 Total pages Schedule G:	2 FILER NAME	manda	Poole	3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name	Dublican	Party-	Edwar	ds Co.
6 Amount (\$) 750.00 Reimbursement from political contributions intended	7 Payee address;		Cityo	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories liste	d at the top of this schedule)	(b) Description		
	(c) Check if travel outside of	Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living e	xpense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholde	Poole	COUNTU (ettna.	Office held
Date	Payee name			 J	
Amount (\$)	Payee address;		City;	State;	Zip Code
Reimbursement from political contributions intended					:
PURPOSE OF EXPENDITURE	Category (See Calegories lister	at the top of this schedule)	Description		
	Check if travel butside of	Texas, Complete Schedule T.	Check if Austin	, TX, officeholder living e	xpense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholde	r name	Office sought		Office held
Date	Payee name				
Amount (\$)	Payee address;		City;	State;	Zip Code
Reimbursement from political contribution intended	PLID FOR RE				
PURPOSE OF	Category (See Categories listed	at the top of this schedule)	Description		
EXPENDITURE 🎊		Texas, Complete Schedule T.	Chack if Austin	TX, officeholder living e	kpense
Complete ONLY if directions expenditure to benefit C/ON	Candidate / Officeholde		Office sought	omeshold filling t	Office held
5.103	Address of the same of the sam	L COPIES OF THIS	SCHEDULE AS NEED	ED	



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CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE / MS / MRS / MR мі OFFICE USE ONLY **OFFICEHOLDER AMANDA** NAME Date Received NICKNAME LAST SUFFIX POOLE 4 CANDIDATE / ADDRESS / PO 80X. APT / SUITE #; CITY: STATE. ZIP CODE **OFFICEHOLDER MAILING** PO BX 1015, ROCKSPRINGS, TX **ADDRESS** Change of Address AREA CODE 5 CANDIDATE/ PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** 972) **PHONE** 740-5918 Receipt # Amount \$ MS / MRS / MR 6 CAMPAIGN FIRST **TREASURER** N/A NAME Date Processed NICKNAME LAST SUFFIX Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CAMPAIGN CITY: STATE: ZIP CODE **TREASURER ADDRESS** N/A (Residence or Business) AREA CODE PHONE NUMBER 8 CAMPAIGN EXTENSION **TREASURER** PHONE N/A 9 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) Exceeded Modified July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Day Year COVERED 02 / 27 / 2024 THROUGH 11 ELECTION **ELECTION DATE ELECTION TYPE** X Primary Runoff Other Month Dav Year 5 General 2024 OFFICE HELD (if any) 12 OFFICE 13 OFFICE SOUGHT (if known) **COUNTY ATTORNEY** 14 NOTICE FROM THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATE'S AND OFFICEHOLDER'S KNOWLEDGE OR CONSENT. 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 **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)				
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTION PLEDGES, LOANS, OR GUARANTEES OF LOANS CONTRIBUTIONS MADE ELECTRONICALLY)					
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTI	EES OF LOANS)				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 1150.14				
	4. TOTAL POLITICAL EXPENDITURES	\$ 1150.14				
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED OF REPORTING PERIOD	AS OF THE LAST DAY \$				
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDIN LAST DAY OF THE REPORTING PERIOD	NG LOANS AS OF THE \$				
	vear, or affirm, under penalty of perjury, that the accompany	ing report is true and correct and includes all information				
rec	uired to be reported by me under Title 15, Election Code.	$\wedge \Omega$.				
		W1004				
		Signature of Candidate or Officeholder				
	DI					
	Please complete either option below:					
(1) Affidavit						
NOTARY STAMP/SEAL						
Sworn to and subscribed	pefore me by	this the,				
20, to certify	rhich, witness my hand and seal of office.					
Signature of officer administer	ng oath Printed name of officer administering oat	th Title of officer administering oath				
	OR					
(2) Unsworn Declaration	n					
My name is	and my	Springs R . 78880 U.S.				
Executed in Law	(street) , on the 27	day of (month) (state) (zip code) (country) (year)				
	Sin	nature of Candidate/Officeholder (Declarant)				
	Sig	nature or continuation chronical (Decidiant)				

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME POOK 20 Filer ID (Ethics C	ommission Filers)				
	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT				
1.5	1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS					
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$				
3,	SCHEDULE B PLEDGED CONTRIBUTIONS	\$				
4.	4. SCHEDULE E: LOANS					
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS					
6.	\$					
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS					
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD					
9.	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS					
10.	SCHEDULE HI 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	\$				
_						

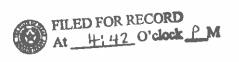
POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

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 Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Polling Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Travel In District Contributions/Donations Made By Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name, Amount (\$) 7 Payee address; Zip Code 150.14 Relmbursement from political contributions Intended 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; Zip Code City: State: Reimbursement from political contributions Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF

EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX	C, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held	
ORD eleC	Payee name			
Amount (\$)	Payee address;	City;	State; Zip Code	
Reimbursement from political contributions	7			
PURPOSE STY OF XU EXPENDITURE AXET	Category (See Categories listed at the top of this schedule)	Description		
Andort	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	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED)	



OLGA LYDIA REYES
COUNTY CLERK
EDWARDS COUNTY, TEXAS
By

Invoice

Tax invoice



3d Signs, 7986 1st street , Somerset TX 78069, United States

BILL TO

Amanda poole

TX

United States

Invoice No.:

392

Issue date:

Jan 12, 2024

Payment method:

Check/cheque

lavoice No 392		Jan 12, 2024	16tal 50-5 (USD) \$0.00	
Description	Quantity	Unit price (USD)	TAX (USD)	Amount (USD)
4x8	2	40.00	6.60	86.60
1x2	50	6.75	27.84	365.34
2x4	25	14.00	28.88	378.88
4x4	5	34.00	14.03	184.03
Push cards 500	. 1	125.00	10,31	135.31
Subtotal				\$1,062.50
TAX 8.25% from 1,062	2.50			\$87.66
Total (USD)				\$1,150.16
	FILED FOR REC			\$1,150.16
				Issued by, signature:

FEB 27 85:

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FEB 2 7 2024

OLGA LYDIA REYES

COUNTY CLERK

EDWARDS COUNTY, TEXAS

By: Doputy