		ICEHOLDER CE REPORT			ORM C/OH HEET PG 1	
The C/OH Instruction	Guide explains ho	w to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages fi	led: 4	
3 CANDIDATE/ OFFICEHOLDER	MS/MRS/MR FIRST MI Darrell		OFFICEUSEONLY			
NAME	NICKNAME	Volkmann	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BO		prings Tx 78880			
Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	(830)	765 4701	EXTENSION	Date Hand-delivered	or Date Postmarked	
6 CAMPAIGN TREASURER	MS / MRS / MR	Darrell	MI	Receipt #	Amount \$	
NAME	NICKNAME	LAST	SUFFIX	Date Processed		
	43	Volkmann		Date Imaged		
7 CAMPAIGN TREASURER ADDRESS	1	(NO PO BOX PLEASE): APT / SU 45100 Rocksp		STATE;	ZIP CODE	
(Residence or Business)			_			
8 CAMPAIGN TREASURER PHONE	AREA CODE (830)	PHONE NUMBER 765 4701	EXTENSION			
9 REPORT TYPE	January 15	30th day before ele	Runoff	15th day after treasurer ap (Officeholder		
	July 15	8th day before elec-	Exceeded Modified Reporting Limit		(Attach C/OH - FR)	
10 PERIOD COVERED	Month 11	Day Year / 20 / 23	THROUGH 1	Day Year / 15 / 24		
11 ELECTION	ELECTION DAY	Year Primary	ELECTION TYPE Runoff Other			
	3 / 5	/ 24 General	Special			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (If known) Edwards Co. (Constable		
14 NOTICE FROM POLITICAL			CCEPTED OR POLITICAL EXPENDITURES MAI MAY HAVE BEEN MADE WITHOUT THE CANDE D TO REPORT THIS INFORMATION ONLY IF THI			
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TREAS	SURER NAME			
		COMMITTEE CAMPAIGN TREA	SURER ADDRESS			
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER

FORM C/OH

CAMPAIGI	N FINANCE REPORT	COVER SHEET PG 2
15 C/OH NAME Darrell Volkmann		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 375.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 375.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	T DAY \$ 0.00
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$ 0.00
18 SIGNATURE I st	wear, or affirm, under penalty of perjury, that the accompanying report is true uired to be reported by me under Title 15, Election Code.	and correct and includes all information
	Signature of Can	didate or Officeholder
(1) Affidavit	Please complete either option below:	et.
NOTARY STAMP/SEAL		
Sworn to and subscribed by 20, to certify w	before me by this the thich, witness my hand and seal of office.	day of,
Signature of officer administeri	ng oath Printed name of officer administering oath	Title of officer administering oath
(2) Unsworn Declaration	OR 1	
My name is Darrell My address is 1525 S	SD 45100 Rocksprings Tx (street) (city) (sta	Dec. 12 1955 78880 USA (zip code) (country)
Executed in <u>Edward</u>	County, State of Texas , on the 23 day of Jan (month)	, 20 <u>24</u> (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Commission Filers)			
21	SUBTOTAL AMOUNT				
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS				
2.	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 COM	ITRIBUTIONS \$			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$			
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS				
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD				
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	s 375.00			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A I	BUSINESS OF C/OH \$			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS \$			
12.	12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER				

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Zip Code

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 Office Overhead/Rental Expense Polling Expense Solicitation/Fundralsing Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Transportation Equipment & Related Expense Contributions/Donations Made By Travel In District Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Travel Out Of District Legal Services Credit Card Payment Other (enter a category not listed above) The instruction Guide explains how to complete this form. Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Darrell Volkmann 4 Date 11/20/2023 **Edwards County Republican Party** 6 Amount (\$) 7 Payee address; State: 375.00 P.O. Box 1072 Rocksprings Texas 78880 Reimbursement from political contributions (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Fees Filing Fee OF

Check if travel outside of Texas. Complete Schedule T.

Candidate / Officeholder name Office sought Office held Complete ONLY if direct Darrell Volkmann expenditure to benefit C/OH Ed. Co. Constal 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** EXPENDITURE 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

8

EXPENDITURE

Candidate / Officeholder name

Office sought

Office held

Amount (\$) Payee address; FILED FOR RECORD Reimbursement from political contributions At O'clock intended

Payee name

City;

State:

Check if Austin, TX, officeholder living expense

Zip Code

PURPOSE ÖF EXPENDITURE

Date

Category (See Categories listed at the top of this schedule) PER DE MIL

Description

Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

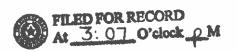
Complete ONLY if direct expenditure to benefit C/OH **促却可谓ate** // Office**t**older name

Office sought

Office held

ENWARDS COLUMN FRAS

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



JAN 2 9 2024

CAGALYDIA REYES

ZOUNTY CHERK

ROTA ADS COUNTY, TEXAS

By

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		ICE REPORT		FORM C/OH COVER SHEET PG 1	
The C/OH Instruction	ı Guide explains he	ow to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Darrell	MI	OFFICE USE ONLY	
	NICKNAME	Volkmann	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO B 152 SD 45		CITY; STATE; ZIP CODE CEXAS 78880		
Change of Address					
5 CANDIDATE/ OFFICEHOLDER PHONE	(830)	PHONE NUMBER 683 765 4701	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST Darrell	Mi	Receipt # Amount \$	
NAME	NICKNAME	LAST Volkmann	SUFFIX	Date Imaged	
7 CAMPAIGN	STPEET ADDRESS	(NO PO BOX PLEASE); APT / SU			
TREASURER ADDRESS		5100 Rocksprings To		STATE; ZIP CODE	
(Residence or Business)					
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
111014	(830)	683 765 4701			
9 REPORT TYPE	January 15	30th day before ele	ection Runoff	15th day after campaign treasurer appointment	
	July 15	8th day before elect	Exceeded Modified Reporting Limit	(Officeholder Only) Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month	Day Year	Month	Day Year	
	2	/ 15 / 24	тнгоидн 2	26 / 24	
11 ELECTION	ELECTION DA Month Day	Year Primary	ELECTION TYPE Runoff Other		
į	3 / 5 /	Z4 General	Special Description		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) Edwards County	Constable	
I OLITICAL	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 OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		RECEIVE NOTICE OF SOUR EXPENDITURES.	
Additional Pages	GENERAL	COMMITTEE ADDRESS		/2	
	SPECIFIC	COMMITTEE CAMPAIGN TREAS	SURER NAME		
		COMMITTEE CAMPAIGN TREAS	SURER ADDRESS		
		GO TO P	AGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Darrell Volkmann			16 File	r ID (Ethic	cs Commission Filers)
17 CONTRIBUTION TOTALS	PLEDGES, LOANS,	D POLITICAL CONTRIBUTIONS (OTHER TH , OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY)	IAN	\$	0.00
	2. TOTAL POLITICAL	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOAN	IS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURE.		\$	0.00
	4. TOTAL POLITICAL	. EXPENDITURES		\$	320.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CO	CONTRIBUTIONS MAINTAINED AS OF THE L	AST DAY	\$	0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AI LAST DAY OF THE R	MOUNT OF ALL OUTSTANDING LOANS AS REPORTING PERIOD	OF THE	\$	0.00
18 SIGNATURE I sw requ	wear, or anim, under penalty of uired to be reported by me under	perjury, that the accompanying report is tr Title 15, Election Code.	ue and con	rect and i	ncludes all information
		Signature of C	andidate o	- Officeho	older
1) Affidavit	Please	complete either option below	w:		
NOTARY STAMP/SEAL	efore me by nich, witness my hand and seal of	this the office.		day of	
gnature of officer administering	oath Printed nar	me of officer administering oath	T	itle of offic	er administering oath
) Unsworn Declaration		OR			
y name is Darrell Volk		, and my date of birth is	12/12/1	955	
address is 1525 SD 4		Rocksprings Tx	788	880	USA
ecuted in Edwards	(street) County, State of Texas	(city) (s s , on the 29 day of Feb (month)		p code) 20 <u>24</u> (year)	(country)
		Signature of Candida	ate/Officeho	older (Dec	darant)

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

	EXPENDITURE CATEGO	RIESF	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment	Food/Beverage Expense p By Gift/Awards/Memorials Expense p	Fees Office Overhead/Rental Expense Polling Expense Printing Expense Salarles/Wages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a category not listed above)		
	The Instruction Guide explains h	iow to co	omplete this form.		, , , , , , , , , , , , , , , , , , , ,	
1 Total pages Schedule G:	<u>-</u>			3 Filer ID (Ethics	s Commission Filers)	
1	Darrell Volkmann			- 101 12 /21110	Commission chars/	
4 Date	5 Payee name					
02/15/2024	Ray Chapa					
6 Amount (\$)	7 Payee address;		City;	States	7. 0.4	
320,00 Reimbursement from political contributions intended	Uvalde Texas 78801			State;	Zip Code	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedu	ile) ((b) Description			
PURPOSE OF EXPENDITURE	Advertising Signs					
	(C) Check if travel outside of Texas. Complete Schedule	n, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct	Candidate / Officeholder name	0	Office sought		Office held	
expenditure to benefit C/OH	Darrell Volkmann		ards Co. Constab		Omoo rigig	
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 schedul	e)	Description			
_	Check if travel outside of Texas. Complete Schedule	 T	Charle is A			
Complete ONLY if division	Candidate / Officehelder		fice sought	tin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		011	uce sondill	(Office held	
Date	Payee name					
Amount (\$)	Payee address;		City;	State;	Zip Code	
Reimbursementingm political contributions intended	165 Samuelania de la Sa					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T. Check if Austin.			TX, officeholder living expense		
omplete ONLY if direct	Candidate / Officeholder name	Offi	ice sought		Office held	

FILED FOR RECORD

At 3:54 O'clock PM

FEB 2 9 2024

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COUNTY CLERK
EDWARDS COUNTY TEXAS

By: Deputy