## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

			1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
The C/OH Instruction 0	Guide explains how	to complete this form.	The 12 (Ellie commission hard)	2 Total pages med.
3 CANDIDATE/	MS / MRS / MR	FIRST	Mi	OFFICE USE ONLY
OFFICEHOLDER NAME	Mrs	Rebekah	G	
NAME	NICKNAME	LAST Filley	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; PO Box 904	APT / SUITE #; (	CITY; STATE; ZIP CODE	JAN 12 2024
Change of Address			EVERYOLD	
5 CANDIDATE/ OFFICEHOLDER PHONE	(806 )	2831446	EXTENSION	Date Hand-delivered or Date Postmarked  Receipt #   Amount \$
6 CAMPAIGN	MS / MRS / MR	FIRST	MI	Receipt # Amount \$
TREASURER NAME	Mrs	Rebekah	G SUFFIX	Date Processed
	NICKNAME	Filley	SUFFIX	Date Imaged
7 CAMPAIGN	STREET ADDRESS (	NO PO BOX PLEASE); APT / SI	UITE #; CITY;	STATE; ZIP CODE
TREASURER ADDRESS	2502 N 2nd	Street	Tahoka	TX 79373
(Residence or Business)				
8 CAMPAIGN TREASURER PHONE	AREA CODE	2831446	EXTENSION	
9 REPORT TYPE	January 15	30th day before e		15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month	Day Year	Month	Day Year
COVERED	7 /	/ 31 / 23	тнгоидн 12	/ 31 / 23
11 ELECTION	ELECTION DA	TE	ELECTION TYPE	
	Month Day	Year Primary	Runoff Other Description	
	3 / 5 /	/ 24 General	Special	**
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if know	n)
	County Atto	orney	County Attorne	у
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFICE	EHOLDER. THESE EXPENDITURES	S MAY HAVE BEEN MADE WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPORT IDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME	
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS	
		00 TO	DACE 2	
		60 10	PAGE 2	

### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 2

07 tivii 7 ti 01					
15 C/OH NAME Rebekah Filley		<b>16</b> File	er ID (Ethics C	Commission Filers)	
17 CONTRIBUTION 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)			\$	0	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LO	ANS)	\$	O	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$	0	
	4. TOTAL POLITICAL EXPENDITURES		\$	58.00	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF TH OF REPORTING PERIOD	IE LAST DAY	\$	O	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS LAST DAY OF THE REPORTING PERIOD	AS OF THE	\$	0	
	swear, or affirm, under penalty of perjury, that the accompanying report quired to be reported by me under Title 15, Election Code.	is true and c	correct and inc	cludes all information	
	Rebetch Su	the			
	3 <del></del>	of Candidate	or Officehole	der	
	Olgitatoro	or oundidate	, 61 6111661161		
Please complete either option below:					
4					
(1) Affidavit  ELIZABETH TEW  NOTARY PUBLIC  STATE OF TEXAS  ID # 13315542-2  My Comm. Expires 06-14-2025					
NOTARY STAMP/SEA	L				
OIL CI					
Sworn to and subscribed before me by this the this this the this					
to certify which witness my hand and seal of office.					
Stinchoth	clew Hizabeth Tow			10tory	
Signature of officer administer	ering oath Printed name of officer administering oath		Title of offic	er administering oath	
(2) Unsworn Declaration					
My name is	, and my date of b	irth is			
				·	
My address is	(street) (city)		(zip code)	(country)	
For suited in		(state)		,	
Executed in	County, State of, on the day of	(month)	, 20 (year)		
	Signature of 0	Candidate/Off	ficeholder (De	clarant)	

#### **SUBTOTALS - C/OH**

### FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Co	mmissio	n Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			UBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0.00
2,	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4.	SCHEDULE E: LOANS		\$	0.00
5.	5 SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			0.00
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			0.00
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			58.00
10.	0. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			0.00
12.	2. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			0.00

JAN 1 2 2024

# 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	ı١

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

Candidate/Officeholder/Politic Credit Card Payment	cal Committee Legal Services Salaries  The Instruction Guide explains how to	Wages/Contract Labor complete this form.	Other (enter a category not listed above)	
1 Total pages Schedule G: 1 4 Date 12/08/2023	Rebekah Filley 5 Payee name		3 Filer ID (Ethics Commission Filers)	
6 Amount (\$) 8.00 Reimbursement from political contributions	Lynn County News  7 Payee address; PO Box 1170	c <sub>ity;</sub> Tahoka	State; Zip Code TX 79373	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) advertising expense	(b) Description ad		
9 Complete ONLY if direct expenditure to benefit C/OH	(c) Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name	Check if Austin, Office sought	TX, officeholder living expense Office held	
Date 08/03/2023	Payee name Tahoka Athletic Booster			
Amount (\$) 50.00 Reimbursement from political contributions intended	Payee address; PO Box 954	c <sub>ity;</sub> Tahoka	State; Zip Code TX 79373	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense	Description banner		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held	
Date	Payee name			
Amount (\$)  Reimbursement from political contributions intended	Payee address;	City;	State; Zip Code	
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	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	ED	