

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:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #

CITY;

STATE;

ZIP CODE

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

7 CAMPAIGN
TREASURER
ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

9 REPORT TYPE

☐ January 15

☒ 30th day before election

☐ Runoff

☐ 15th day after campaign
treasurer appointment
(Officeholder Only)

☐ July 15

☐ 8th day before election

☐ Exceeded Modified
Reporting Limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

Month

Day

Year

THROUGH

11 ELECTION

ELECTION DATE

Month

Day

Year

☐ Primary

☐ Runoff

☐ Other
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

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.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

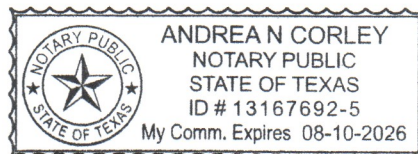
15 C/OH NAME <u>Mary Engledow</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS <u>(In Kind \$945.38)</u> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>9729.60</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>9468.98</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>260.62</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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]
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Mary Engledow this the 3rd day of April, 2024, to certify which, witness my hand and seal of office.

Andrea N. Corley Andrea N. Corley City Secretary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.

(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.

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 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 9729.60
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 945.38
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 9468.98
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONEY 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 FILER NAME <i>Mary Engledow</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/6/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Dr. John Thomas</i>	7 Amount of contribution (\$) <i>\$3,000.00</i>
6 Contributor address; City; State; Zip Code <i>8903 Juneau Ave Lubbock, Tx 79424</i>		
8 Principal occupation / Job title (See Instructions) <i>General Surgeon</i>		9 Employer (See Instructions) <i>Self employed</i>
Date <i>2/6/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Jana Vardeman Engledow</i>	Amount of contribution (\$) <i>\$500.00</i>
Contributor address; City; State; Zip Code <i>1615 NW 34th St Lawton OK 73505</i>		
Principal occupation / Job title (See Instructions) <i>Administratoe</i>		Employer (See Instructions)
Date <i>2/6/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Roslyn Walter</i>	Amount of contribution (\$) <i>\$50.00</i>
Contributor address; City; State; Zip Code <i>3290 W. State Rd 300 Levelland, TX 79336</i>		
Principal occupation / Job title (See Instructions) <i>Preacher</i>		Employer (See Instructions) <i>Self Employed</i>
Date <i>2/6/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Rebecca Snow</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>3770 Norway Rd. Levelland, Tx 79336</i>		
Principal occupation / Job title (See Instructions) <i>Cattle Farmer</i>		Employer (See Instructions) <i>Self Employed</i>

02840

MONEUARY 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 FILER NAME <i>Mary Engledow</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/6/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Claryce Gainer</i>	7 Amount of contribution (\$) <i>\$200.00</i>
6 Contributor address; City; State; Zip Code <i>901 N Hwy 385 Levelland, Tx 79334</i>		
8 Principal occupation / Job title (See Instructions) <i>Retired</i>		9 Employer (See Instructions) <i>N/A</i>
Date <i>2/6/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Crystal Simpson</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>2020 Longhorn Levelland, Tx 79336</i> <i>Venmo</i>		
Principal occupation / Job title (See Instructions) <i>Office</i>		Employer (See Instructions) <i>Butch's Rayhoke</i>
Date <i>1/22/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Lynda Farabee</i>	Amount of contribution (\$) <i>\$50.00</i>
Contributor address; City; State; Zip Code <i>2029 Rice Dr Levelland, Tx 79336</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions) <i>N/A</i> <i>Venmo</i>
Date <i>2/6/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Stephen Benton</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>500 E. 1st St Littlefield, Tx 79339</i> <i>Cash App</i>		
Principal occupation / Job title (See Instructions) <i>Electrician</i>		Employer (See Instructions) <i>N/A</i>

MONEY 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 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 2/13/24	5 Full name of contributor Lori Spederbeck <input type="checkbox"/> out-of-state PAC (ID#:	7 Amount of contribution (\$) \$100.00 Venmo
6 Contributor address; City; State; Zip Code 758 Westridge South Dr Noblesville IN 46062		
8 Principal occupation / Job title (See Instructions) Homemaker		9 Employer (See Instructions) Self
Date 2/13/24	Full name of contributor Lori Spederbeck <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code Duplicate Error		Venmo
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/8/24	Full name of contributor Laura Hougland <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$) \$100 Venmo
Contributor address; City; State; Zip Code 111 Hartwood Dr. Gadsden, AL 35901		
Principal occupation / Job title (See Instructions) Bank Auditor		Employer (See Instructions)
Date 2/16/24	Full name of contributor Debbie Garner <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$) \$100.00 Venmo
Contributor address; City; State; Zip Code P.O. Box 825 Laveled, TX 79336		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Insurance

MONEYARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 2/9/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Irene Mejorado	7 Amount of contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code 1402 Newton St Levelland, TX 79336		
8 Principal occupation / Job title (See Instructions) Mortician		9 Employer (See Instructions) Heard Duarte
Date 2/7/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Misty Agnew	Amount of contribution (\$) \$150
Contributor address; City; State; Zip Code 1503 Ave H Levelland, TX 79336		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Plumbing Co.
Date 2/7/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Billy Mac Palmer	Amount of contribution (\$) \$1000
Contributor address; City; State; Zip Code 204 Brentwood Dr Levelland, TX 79336 2 checks		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/16/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Abraham Thomas	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 5004 101st St Lebbok, TX 79424		
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Self

MONEYARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Buddy Moore	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 102 Duvall Dr. Levelland TX 79336		
8 Principal occupation / Job title (See Instructions) Oilfield		9 Employer (See Instructions) TRC
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: J.E. Carmichael	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 124 County Rd. Levelland, TX 79336		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Anna Kauffman	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 111 Rip St Levelland, TX 79336		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jim Myatt	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 211 Cottonwood Levelland, TX 79336		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

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 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 3/5/24	5 Full name of contributor Jeannie Brown <input type="checkbox"/> out-of-state PAC (ID#:	7 Amount of contribution (\$) 100. ⁰⁰
6 Contributor address; City; State; Zip Code 3197 CR Levelland, TX 79334		
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) Realtor
Date 3/4/24	Full name of contributor Stan Lee <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$) 500. ⁰⁰
Contributor address; City; State; Zip Code 1306 Pueblo Midland, TX 79706		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/7/24	Full name of contributor Denise Tubangi <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$) 300. ⁰⁰
Contributor address; City; State; Zip Code 18843 N Palomar Sun city west AZ, 85375		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 3/7/24	Full name of contributor Terri Greener <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$) 100. ⁰⁰
Contributor address; City; State; Zip Code 106 Park Dr Levelland, TX 79334		
Principal occupation / Job title (See Instructions) Bookkeeper		Employer (See Instructions) Aur Stuff

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 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 4/2/24	5 Full name of contributor Lynda Farabee <input type="checkbox"/> out-of-state PAC (ID#: 6 Contributor address; City; State; Zip Code 2029 Rice Dr Levelland, TX 79334	7 Amount of contribution (\$) 20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 4/2/24	Full name of contributor Sandy Mansell <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code 1903 N Gena Ave Lubbock, TX 79416	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 3/29/24	Full name of contributor Lynda Farabee <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code 2029 Rice Dr. Levelland, TX 79334	Amount of contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 3/29/24	Full name of contributor Anna Kauffman <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code 111 Rip St. Levelland, TX 79334	Amount of contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	7 Amount of contribution (\$)
3/23/24	Stan Lee	\$300
6 Contributor address; City; State; Zip Code		
1306 Pueblo Midland, TX 79336		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Retired		N/A
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)
3/23/24	Wanda Lawless	\$50
Contributor address; City; State; Zip Code		
120 Clubview Dr. Levelland, TX 79336		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Owner		Wanda's Embroidery
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)
4/2/24	Stan Smith	\$100.00
Contributor address; City; State; Zip Code		
1306 Pueblo Midland, TX 79705		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Retired		N/A
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)
3/30/24	Jay Cammack JR	\$150.00
Contributor address; City; State; Zip Code		
103 Breech Circle Levelland, TX 79336		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Owner		Apts.

MONEUARY 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 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	7 Amount of contribution (\$)
3/29/24	Helen Kauffman 6 Contributor address; City; State; Zip Code 109 Rip St. Levelland, TX 79334	\$20.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)
3/29/24	Shanna Moody Contributor address; City; State; Zip Code 2400 Mockingbird Ln Levelland, TX 79334	\$30.00
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 (\$)
3/9/24	Jana Vandeman Engledow Contributor address; City; State; Zip Code 1615 NW 34th St. Lawton, TX 73505	\$500.00 venmo
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)
2/21/24	Nancy Engledow Contributor address; City; State; Zip Code 111 Hartwood Dr. Grodston, AL 35901	\$100.00 venmo
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONEY AND POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Mary Engledow</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/24/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Gan Sinnacher</i>	7 Amount of contribution (\$) <i>\$20.00</i>
6 Contributor address; City; State; Zip Code <i>121 Elgin Levelland, Tx 79336</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/9/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Lynda Farabee</i>	Amount of contribution (\$) <i>\$15.00</i>
Contributor address; City; State; Zip Code <i>2029 Rice Dr Levelland Tx 79336</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/1/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Nanny Engledow</i>	Amount of contribution (\$) <i>629.00</i>
Contributor address; City; State; Zip Code <i>2016 Tech Dr Levelland, Tx 79336</i>		
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)

\$9729.00

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

The instruction Guide explains how to complete this form.

2 FILER NAME

Mary Engledow

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$ 595.38

5 Date

3/8/24

6 Full name of contributor

Eva Corgill

☐ out-of-state PAC (ID#:

7 Contributor address;

City;

State;

Zip Code

8 Amount of Contribution \$

\$595.38

9 In-kind contribution description

50 T-Shirts

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Office Manager

11 Employer (FOR NON-JUDICIAL) (See Instructions)

College Ave Animal Clinic

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date

3/23/24

Full name of contributor

Diane Lane

☐ out-of-state PAC (ID#:

Contributor address;

City;

State;

Zip Code

Amount of Contribution \$

\$350.00

In-kind contribution description

Building for Meet & Greet

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Self Employed

Employer (FOR NON-JUDICIAL) (See Instructions)

Self employed

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

\$10,674.98



FROM POLITICAL CONTRIBUTIONS

SCHEDULE F I

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 F1:	2 FILER NAME <i>Mary Engledow</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>2-8-24</i>	5 Payee name <i>Deaemon Productions</i>	
6 Amount (\$) <i>\$2381.50</i>	7 Payee address; City; State; Zip Code <i>608 Ave H Levelland, TX 79336</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	(b) Description <i>yard Signs</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>3-5-24</i>	Payee name <i>Choice Media</i>	
Amount (\$) <i>\$1400.00</i>	Payee address; City; State; Zip Code <i>P.O. Box 773 Canyon, TX 79015</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	Description <i>Digital Billboard</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>2-8-24</i>	Payee name <i>Commercial Printing</i>	
Amount (\$) <i>\$841.44</i>	Payee address; City; State; Zip Code <i>721 Ave C Levelland, TX 79336</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	Description <i>candidate cards/Door Hangers</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

FROM POLITICAL CONTRIBUTIONS

SCHEDULE T

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 F1:		2 FILER NAME <i>Mary Engledow</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>2-8-24</i>		5 Payee name <i>Deardmond Productions</i>			
6 Amount (\$) <i>\$1082.50</i>		7 Payee address; <i>1008 Ave H</i>		City; <i>Levelland, Tx</i>	State; <i>79336</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing expense</i>		(b) Description <i>4X8 Signs</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		Candidate / Officeholder name		Office sought	Office held
Date <i>2-26-24</i>		Payee name <i>Deardmond Productions</i>			
Amount (\$) <i>\$562.90</i>		Payee address; <i>1008 Ave H</i>		City; <i>Levelland, Tx</i>	State; <i>79336</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>		Description <i>4X4 Signs (one sided)</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		Candidate / Officeholder name		Office sought	Office held
Date <i>3-4-24</i>		Payee name <i>Deardmond Productions</i>			
Amount (\$) <i>\$595.38</i>		Payee address; <i>1008 Ave H</i>		City; <i>Levelland, Tx</i>	State; <i>79336</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>		Description <i>4X4 Signs (two sided)</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		Candidate / Officeholder name		Office sought	Office held

FROM POLITICAL CONTRIBUTIONS

SCHEDULE 1

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 F1: 2		2 FILER NAME <i>Mary Engledow</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>3-7-24</i>		5 Payee name <i>Diamond Productions</i>			
6 Amount (\$) <i>\$1190.25</i>		7 Payee address; <i>608 Ave H Levelland, TX</i>		City; <i>TX</i>	State; <i>79334</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>		(b) Description <i>Yard Signs</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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Office held					
Date <i>2-19-24</i>		Payee name <i>Bolton</i>			
Amount (\$) <i>\$48.50</i>		Payee address; <i>6310 A 19th St Lubbock TX</i>		City; <i>TX</i>	State; <i>79407</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Transportation</i>		Description <i>CAS money</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Office held					
Date <i>3-4-24</i>		Payee name <i>CFLI Hardware</i>			
Amount (\$) <i>\$38.94</i>		Payee address; <i>602 Clubview Dr Levelland, TX</i>		City; <i>TX</i>	State; <i>79336</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>		Description <i>T- Posts for Signs</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Office held					

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
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 F1:		2 FILER NAME <i>Mary Engledow</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>3-16-24</i>		5 Payee name <i>CFLI Hardware</i>			
6 Amount (\$) <i>\$19.20</i>		7 Payee address; City; State; Zip Code <i>1002 Clubview Dr. Levelland, TX 79336</i>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expens</i>		(b) Description <i>Cable Ties for Signs</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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>3-15-24</i>		Payee name <i>Commercial Printing</i>			
Amount (\$) <i>\$81.12</i>		Payee address; City; State; Zip Code <i>721 Ave G Levelland, Tx 79336</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>		Description <i>Meet & Greet Flyers</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>3-17-24</i>		Payee name <i>United Express</i>			
Amount (\$) <i>\$59.00</i>		Payee address; City; State; Zip Code <i>511 College Ave Levelland, Tx 79336</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Transportation Exp</i>		Description <i>GAS Money</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

FROM POLITICAL CONTRIBUTIONS

SCHEDULE F I

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 F1:		2 FILER NAME Mary Engledow		3 Filer ID (Ethics Commission Filers)	
4 Date 2-15-24		5 Payee name Commercial Printing			
6 Amount (\$) \$12.00		7 Payee address; City; State; Zip Code 721 Ave G Levelland, TX 79336			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Room of Paper		
	(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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4-1-24		Payee name Deardmond Prods.			
Amount (\$) \$543.12		Payee address; City; State; Zip Code 608 Ave H Levelland, TX 79336			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Yard Signs		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3-17-24		Payee name Tractor Supply			
Amount (\$) \$10.81		Payee address; City; State; Zip Code 510 Clubview Dr. Levelland TX 79336			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Exp.		Description Wire Fox Signs		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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
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 F1:		2 FILER NAME <i>Mary Engledow</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>3-22-24</i>		5 Payee name <i>United Supermarkets</i>			
6 Amount (\$) <i>\$28.00</i>		7 Payee address; City; State; Zip Code <i>511 College Ave. Levelland, Tx 79336</i>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event expense</i>		(b) Description <i>Donuts for Meet & Greet</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		Candidate / Officeholder name		Office sought Office held	
Date <i>3-22-24</i>		Payee name <i>Walmart</i>			
Amount (\$) <i>\$55.00</i>		Payee address; City; State; Zip Code <i>407 E. State Rd 114 Levelland, Tx 79336</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>		Description <i>Gift Card for Hostess</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		Candidate / Officeholder name		Office sought Office held	
Date <i>3-23-24</i>		Payee name <i>Walmart</i>			
Amount (\$) <i>\$34.59</i>		Payee address; City; State; Zip Code <i>407 E. State Rd 114 Levelland, TX 79336</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>		Description <i>Cookies & Foil for Meet & Greet</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		Candidate / Officeholder name		Office sought Office held	

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
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 F1:		2 FILER NAME <i>Mary Engledow</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>3-23-24</i>		5 Payee name <i>Dollar Tree</i>			
6 Amount (\$) <i>\$23.00</i>		7 Payee address; City; State; Zip Code <i>501 E. Hwy 114 #108 Levelland TX 79336</i>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Expense</i>		(b) Description <i>meet & greet Napkins, trays, candy</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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>3-23-24</i>		Payee name <i>United Supermarkets</i>			
Amount (\$) <i>165.42</i>		Payee address; City; State; Zip Code <i>511 College Ave Levelland, TX 79336</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>		Description <i>meet & greet Sausages, Chips, water</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>3-25-24</i>		Payee name <i>Tractor Supply</i>			
Amount (\$) <i>37.82</i>		Payee address; City; State; Zip Code <i>510 Clubview Dr Levelland TX 79336</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>		Description <i>For signs Wire & Cattle Panel</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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