

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 <input checked="" type="checkbox"/> MRS <input type="checkbox"/> MR	FIRST <i>Mary</i>	MI <i>D.</i>	OFFICE USE ONLY Date Received <i>4/3/24</i> 2:35pm <i>AC</i>		
	NICKNAME	LAST <i>Engledow</i>	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE:	
<i>2016 Tech Dr.</i> <i>Levelland, TX 79334</i>						
<input type="checkbox"/> Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
<i>(760) 586-3038</i>						
6 CAMPAIGN TREASURER NAME	MS <input checked="" type="checkbox"/> MRS <input type="checkbox"/> MR	FIRST <i>Mary</i>	MI <i>D.</i>	Receipt # <input type="text"/> Amount \$ <input type="text"/> Date Hand-delivered or Date Postmarked Date Processed Date Imaged		
	NICKNAME	LAST <i>Engledow</i>	SUFFIX			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX, PLEASE); APT / SUITE #:			CITY:	STATE; ZIP CODE	
<i>2016 Tech Dr</i> <i>Levelland, TX 79334</i>						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
<i>(760) 586-3038</i>						
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> Final Report (Attach C/OH - FR)					
10 PERIOD COVERED	Month <i>01</i>	Day <i>07</i>	Year <i>2024</i>	Month <i>04</i>	Day <i>03</i>	Year <i>2024</i>
11 ELECTION	ELECTION DATE <i>05/04/2024</i>		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special			
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known) <i>Mayor</i>		
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.					
<input type="checkbox"/> Additional Pages		COMMITTEE TYPE	COMMITTEE NAME			
		<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS			
		<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
			COMMITTEE CAMPAIGN TREASURER ADDRESS			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Mary Engledow

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 (In Kind \$945.38)
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 9729.60

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 9468.98

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 260.62

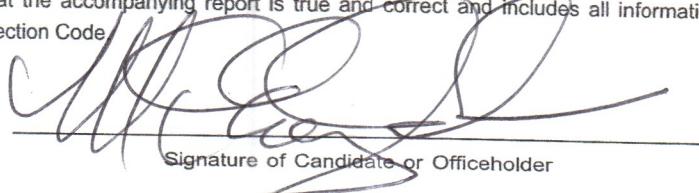
OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

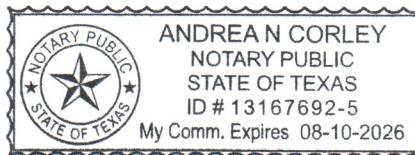
18 SIGNATURE

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 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,
20 24, 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_____.
(month) (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 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	\$

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 <i>Mary Englebow</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>2/4/24</i>	5 Full name of contributor <i>Dr. John Thomas</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) <i>\$3,000.00</i>
6 Contributor address; <i>8903 Juneau Ave Lubbock, Tx 79424</i>	City; State; Zip Code		
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 <i>Jana Vardeman Englebow</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>\$500.00</i>
Contributor address; <i>1615 NW 36th St Lawton OK 73505</i>	City; State; Zip Code		
Principal occupation / Job title (See Instructions) <i>Administrator</i>	Employer (See Instructions)		
Date <i>2/6/24</i>	Full name of contributor <i>Roslyn Walter</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>\$50.00</i>
Contributor address; <i>3290 W. State Rd 300 Levelland, Tx 79336</i>	City; State; Zip Code		
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 <i>Rebecca Snow</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; <i>3720 Norway Rd. Levelland, Tx 79336</i>	City; State; Zip Code		
Principal occupation / Job title (See Instructions) <i>Cattle farmer</i>	Employer (See Instructions) <i>Self Employed</i>		



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

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#:		6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
2/13/24	Lori Slobdebeck			758 Westridge South Dr Noblesville IN 46062	\$100.00 Venmo
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)				
Homemaker	Self				
Date	Full name of contributor	<input type="checkbox"/> out-of-state PAC (ID#:		Amount of contribution (\$)	
2/22/24	Debbie Garner			Duplicate Error	
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 (\$)	
2/8/24	Laura Houghland			\$100	
Contributor address; City; State; Zip Code	111 Hartwood Dr. Gadsden, AL 35901			Venmo	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)				
Bank Auditor					
Date	Full name of contributor	<input type="checkbox"/> out-of-state PAC (ID#:		Amount of contribution (\$)	
2/16/24	Debbie Garner			\$100.00	
Contributor address; City; State; Zip Code	P.O. Box 825 Lavelland, TX 79336			Venmo	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)				
Owner	Insurance				

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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 (\$)
2/9/24	Irene Mejorado		\$250.00
6 Contributor address;	City;	State; Zip Code	
1402 Newton St Levelland, TX 79336			
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)		
Mortician	Head DUakte		
Date	Full name of contributor	<input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)
2/7/24	Misty Agnew		\$150
Contributor address;	City;	State; Zip Code	
1503 Ave H Levelland, TX 79336			
Principal occupation / Job title (See Instructions)	Employer (See Instructions)		
Owner	Plumbing Co.		
Date	Full name of contributor	<input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)
2/7/24	Billy Mac Palmer		\$1000
Contributor address;	City;	State; Zip Code	
204 Brentwood Dr Levelland, TX 79336 2checks			
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 (\$)
2/16/24	Abraham Thomas		\$500.00
Contributor address;	City;	State; Zip Code	
5004 101 st St. Lubbock, TX 79424			
Principal occupation / Job title (See Instructions)	Employer (See Instructions)		
Real Estate	Self		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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 (\$)	
	Buddy Moore	\$100.00	
	6 Contributor address; City; State; Zip Code		
	102 Duvall Dr. Levelland TX 79336		
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)		
Oilfield	TRC		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	
	J.E. Carmichael	\$100	
	Contributor address; City; State; Zip Code		
	124 County Rd. Levelland, Tx 79336		
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 (\$)	
	Anna Kauffman	50.00	
	Contributor address; City; State; Zip Code		
	111 Rip St Levelland, TX 79336		
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 (\$)	
	Jim Myatt	200.00	
	Contributor address; City; State; Zip Code		
	211 Cottonwood Levelland, Tx 79336		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)		
Retired	N/A		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor	<input type="checkbox"/> out-of-state PAC (ID#:	6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
3/5/24	Jeannie Brown		3197 CR Levelland, TX 79334	100.00
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)			
Owner	Realtor			
Date	Full name of contributor	<input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	
3/4/24	Stan Lee		500.00	
Contributor address; City; State; Zip Code	1304 Pueblo Midland, TX 79706			
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 (\$)	
3/7/24	Denise Tubangi		300.00	
Contributor address; City; State; Zip Code	18843 N Palomar Sun City West AZ, 85375			
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 (\$)	
3/7/24	Terri Coreenier		100.00	
Contributor address; City; State; Zip Code	106 Park Dr Levelland, TX 79334			
Principal occupation / Job title (See Instructions)	Employer (See Instructions)			
Bookkeeper	Our Stuff			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor	<input type="checkbox"/> out-of-state PAC (ID#:	6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
4/2/24	Lynda Farabee		2029 Rice Dr. Levelland, TX 79336	20.00
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 (\$)	
4/2/24	Sandy Mansell		10.00	
Contributor address; City; State; Zip Code				
1903 N. Genoa Ave. Lubbock, TX 79416				
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 (\$)	
3/29/24	Lynda Farabee		\$15.00	
Contributor address; City; State; Zip Code				
2029 Rice Dr. Levelland, TX 79336				
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 (\$)	
3/29/24	Anna Kauffman		\$20.00	
Contributor address; City; State; Zip Code				
111 Rip St. Levelland, TX 79336				
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Retired		N/A		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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 Landess			\$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 (\$)
4/1/24	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 Beech Circle Levelland, TX 79336				
Principal occupation / Job title (See Instructions)	Employer (See Instructions)			
Owner	Apts.			

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 3/29/24	5 Full name of contributor Helen Kauffman	<input type="checkbox"/> out-of-state PAC (ID#:)	7 Amount of contribution (\$) \$20.00
6 Contributor address: 109 Lip St. Loveland, TX 79336	City: State: Zip Code		
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)		
Date 3/29/24	Full name of contributor Shanna Moody	<input type="checkbox"/> out-of-state PAC (ID#:)	Amount of contribution (\$) \$30.00
Contributor address: 2400 Mockingbird Ln Loveland, TX 79336	City: State: Zip Code		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)		
Date 3/9/24	Full name of contributor Tanya Vandeman Engledow	<input type="checkbox"/> out-of-state PAC (ID#:)	Amount of contribution (\$) \$500.00
Contributor address: 1615 NW 36th St. Lawton, TX 73515	City: State: Zip Code	venmo	
Principal occupation / Job title (See Instructions) Administrator	Employer (See Instructions)		
Date 2/21/24	Full name of contributor Nancy Engledow	<input type="checkbox"/> out-of-state PAC (ID#:)	Amount of contribution (\$) \$100.00
Contributor address: 111 Hartwood Dr. Gadsden, AL 35901	City: State: Zip Code	venmo	
Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions)	N/A	

NONPARTY 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>3/24/24</i>	5 Full name of contributor <i>Jan Sinnacher</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) <i>\$20.00</i>
6 Contributor address; <i>121 Elgin Level/land, TX 79336</i>		City; State; Zip Code	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date <i>3/9/24</i>	Full name of contributor <i>Lynda Farabee</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>\$15.00</i>
Contributor address; <i>2029 Rice Dr. Leveland TX 79336</i>		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/1/24</i>	Full name of contributor <i>Danny Engledow</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>629.00</i>
Contributor address; <i>2016 Tech Dr Leveland, TX 79336</i>		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.

1. FROM PAGE ONE

2 FILER NAME

Mary Englebow

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

a 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 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 job title (FOR JUDICIAL) (See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

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

Contributor's employer/law firm (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

Scrubbed signature

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	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name		
2-8-24	Deaemond Productions		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
\$2381.50	608 Ave H Levelland, TX 79336		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	Printing Expense	yard Signs	
	(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	Payee name		
3-5-24	Choice Media		
Amount (\$)	Payee address;	City; State; Zip Code	
\$1600.00	P.O. Box 773 Canyon, TX 79015		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Printing Expense	Digital Billboard	
	<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	Payee name		
2-8-24	Commercial Printing		
Amount (\$)	Payee address;	City; State; Zip Code	
\$841.44	721 Ave C Levelland, TX 79336		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Printing Expense	Candidate cards/Door Hangers	
	<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 8(a)

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	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address:	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing expense	(b) Description 4X8 Signs
	(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 2-26-24	Payee name Dearmond Productions	
Amount (\$) \$562.90	Payee address: City; State; Zip Code 1008 Ave H Levelland, Tx 79336	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description 4X4 Signs (one sided)
	<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 3-4-24	Payee name Dearmond Productions	
Amount (\$) \$595.38	Payee address: City; State; Zip Code 1008 Ave H Levelland, Tx 79336	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description 4X4 Signs (two sided)
	<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

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	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	Printing Expense Yard Signs		
	(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	Payee name		
2-19-24	Bolton		
Amount (\$)	Payee address;	City;	State; Zip Code
\$48.50	6310 A 19th St Lubbock TX 79407		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Transportation	Gas Money	
	<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	Payee name		
3-4-24	CFLI Hardware		
Amount (\$)	Payee address;	City;	State; Zip Code
\$38.94	602 Clubview Dr Levelland, Tx 79336		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Advertising Expense	T- Posts for Signs	
	<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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	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 F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address:	City; State; Zip Code	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising Expenses	Cable Ties for Signs	
	(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	Payee name		
3-15-24	Commercial Printing		
Amount (\$)	Payee address:	City;	State; Zip Code
\$81.19	721 Ave. C	Levelland, TX	79336
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Printing Expense	Meet & Greet Flyers	
	<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	Payee name		
3-17-24	United Express		
Amount (\$)	Payee address:	City;	State; Zip Code
\$59.00	511 College Ave	Levelland, TX	79336
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Transportation Exp	Gas Money	
	<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	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address;	City, State, Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	<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	Payee name	
4-1-24	Deamond Prints.	
Amount (\$)	Payee address; City, State, Zip Code	
\$543.12	608 Ave H Levelland, TX 79336	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<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	Payee name	
3-17-24	Tractor Supply	
Amount (\$)	Payee address; City, State, Zip Code	
\$10.81	510 Clubview Dr. Levelland TX 79336	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<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	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name			
3-22-24	United Supermarkets			
6 Amount (\$)	7 Payee address:	City; State; Zip Code		
\$28.00	511 College Ave. Loveland, TX 79336			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	Event expense	Donuts for Meet & Greet		
	<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	Payee name			
3-22-24	Walmart			
Amount (\$)	Payee address:	City;	State;	Zip Code
\$55.00	407 E. State Rd 114 Loveland, TX 79336			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Event Expense	Gift Card for Hostess		
	<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	Payee name			
3-23-24	Walmart			
Amount (\$)	Payee address:	City;	State;	Zip Code
\$34.59	407 E. State Rd 114 Loveland, TX 79336			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Event Expense	Cookies & Snacks for Meet & Greet		
	<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	3 Filer ID (Ethics Commission Filers)	
4 Date 3-23-24	5 Payee name Dollar Tree	6 Amount (\$) \$23.00	
7 Payee address; 501 E. Hwy 114 #108 Levelland TX 79336	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE EVENT EXPENSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Meet & Greet Napkins, trays, Candy	
	(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 3-23-24	Payee name United Supermarkets	Payee address; 511 College Ave. Levelland TX 79336	City; State; Zip Code
Amount (\$) 165.42	Category (See Categories listed at the top of this schedule)	Description Meet & Greet Sausages, Chips, Water	
PURPOSE OF EXPENDITURE Event Expense	<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 3-25-24	Payee name Tractor Supply	Payee address; 510 Clubview Dr. Levelland TX 79336	City; State; Zip Code
Amount (\$) 37.82	Category (See Categories listed at the top of this schedule)	Description 7' on signs Wire & Cattle Panel	
PURPOSE OF EXPENDITURE Advertising Expense	<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

9468.98